Ⅲ 資　　料

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1．対 処 方 針

（1）継続的な機材供与

感染症対策機材供与の複数年度に亙る協力については、その可能性を排除しない方向で現在検討中である。なお、現在、来年度計画を策定中であり、先方より継続的な機材供与の要請があった場合、先方政府の希望を聴取し、妥当性があれば来年度計画に可能な限り反映することとしたい。

（2）供与機材のメンテナンス等

供与機材について修理等の問題が提示された場合、内容調査を行い、当方として可能な措置及び今後のフォロー等についても検討する。

（3）機材の利活用状況及び利用上のアドバイス

一般的に途上国では機材の利用方法に問題があるため、機材耐用年数が一般的に考えるより短くなったり、故障等が多発して事業に支障を来すことがある。このため、可能な限り機材のメンテナンス等につき当面の有効な方法なりとも検討する。

（4）各国別状況

1）ネパール

昭和63年度当方よりワクチン供与につきオファーしたところ先方より5か年間に亙る協力要請があったが、当方の単年度主義による制約もあって先方はその要請を取り下げた経緯がある。なお、平成2年度分として「髄膜炎」及び「脳炎」のワクチン及び関連機材の供与について打診越している（1989年4月）が、ワクチンの量、接種時期、関連機材の内容については不明。

2）スリランカ

日本脳炎ワクチンを2年度に亙り供与した実績があり、平成2年度についても5月に同ワクチン200.000dosesの要請がある。

また（１）との関連で、特にワクチンについては、ネパールの場合と同様に継続的協力要請があると思われるので、現行制度の中で可能な限り弾力的に対応する必要があるところ今後の継続的な供与につき検討する。

（なお、ワクチンの供与については、予算の制約（１件３千万～５千万）もあることから、本俸調達価格がＵＮＩＣＥＦ等の調達価格と比較してリーゾナブルと判断された場合のみ供与することとしている。元年度についてはケニア等よりＤＰＴや破傷風ワクチンの要請があったが、予算の制約上他の品目を優先させた経緯がある。）

別　表

機材供与内訳

１．ネパール（63年度）

（１）ソーラーシステム冷蔵庫	２式
（２）冷凍庫	５０台
（３）発電機	
１）白灯油発電機	４０台
２）ディーゼル発電機	４台
（４）注射器	
１）ニードルハイボ　23G ×１"　0.60 ×25mm	3.743gross
２）ニードルハイボ　25G ×3/8"　0.45 ×10mm	1.737gross
３）ニードルハイボ　18G ×２"　1.25 ×76mm	174gross
（５）注射器用滅菌装置	３０台
（６）バイク	１０台
（７）４ＷＤトヨタハイラックス（スペアパーツ付）	３台
（８）自転車（現地調達）	２０台

２．スリランカ

（１）62年度　乾燥日本脳炎ワクチン	100.000dose
（２）63年度　乾燥日本脳炎ワクチン	200.000dose

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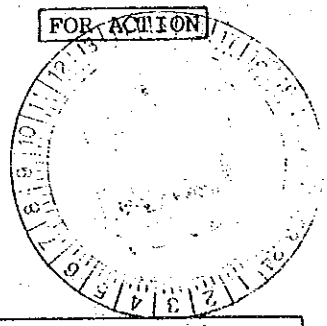

COUNTRY PROGRAMME RECOMMENDATION*

Sri Lanka

The Executive Director recommends that the Executive Board approve an amount of $5,300,000 from general resources, subject to the availability of funds, and an amount of $9,242,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Sri Lanka for the period 1989 to 1993.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1987, will be contained in the "Summary of 1988 recommendations for general resources and supplementary funding programmes" (E/ICEF/1988/P/L.1).

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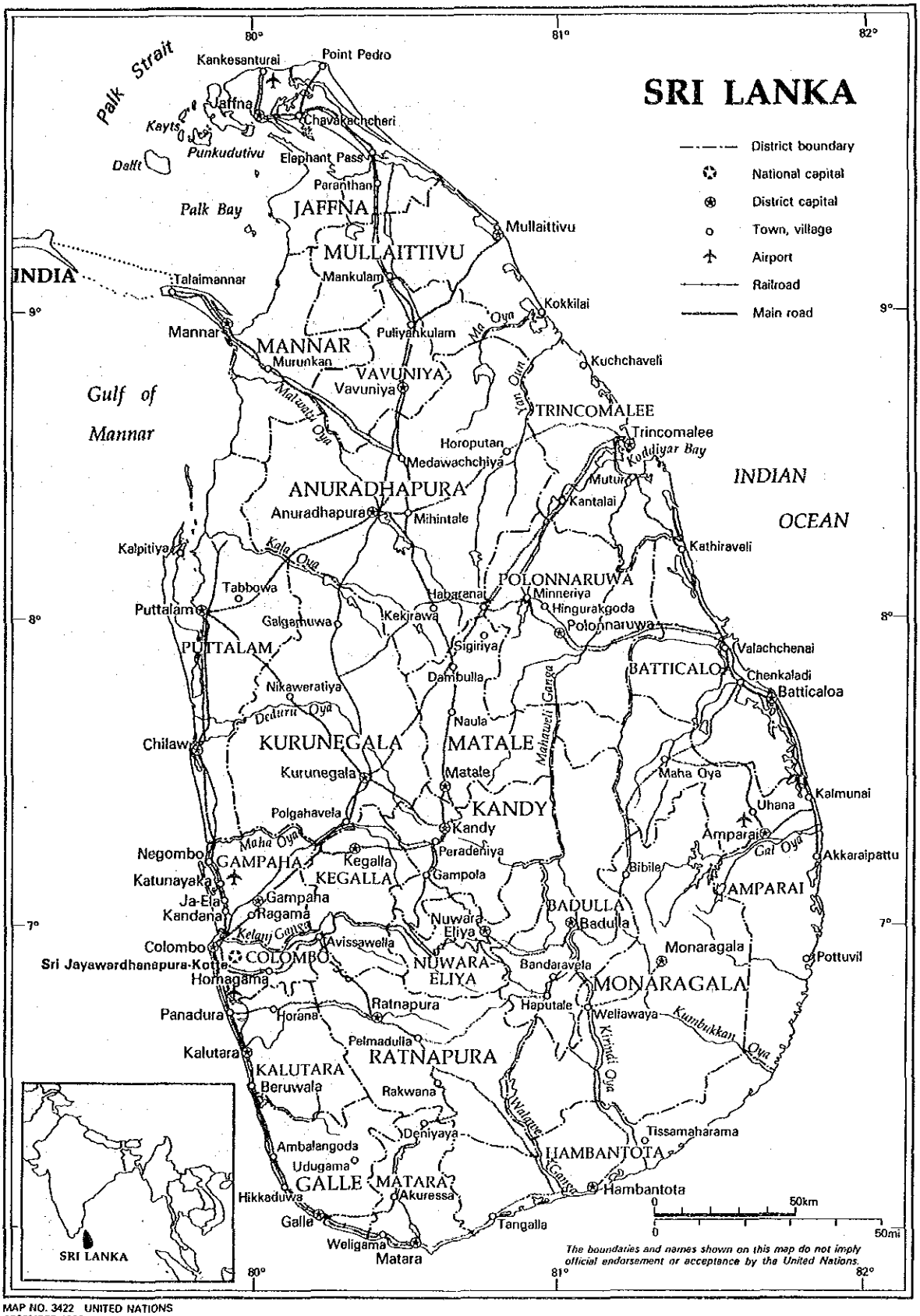

MAP NO. 3422 UNITED NATIONS
DECEMBER 1986

EXECUTIVE SUMMARY

Sri Lanka has achieved most encouraging progress over the past decade in improving the situation of its children and women. Infant mortality declined from 44 per 1,000 live births in 1980 to 34 in 1986. It is also among the leading developing countries in immunization coverage with high national averages of immunization coverage against the six communicable diseases. Despite these and many other achievements, malnutrition remains a serious problem, with rates comparable to other developing countries with much higher infant and child mortality rates. Morbidity due to diarrhoeal diseases and acute respiratory infections (ARI) is also unacceptably high. Thus, what is needed in Sri Lanka is to go beyond the stage of child survival with a greater focus on child development. The existing primary health care (PHC) infrastructure and the high rates of male and female literacy provide a favourable environment in which such programmes can operate.

The recommended programme will cover a period of five years from 1989 to 1993 and consists of four components: national programmes; area-based programmes; special programme for children in areas of armed conflict; and institution-building and programme support. The programme components reinforce and complement each other in health services, particularly for achieving and sustaining the high immunization coverage, reaching pockets of unserved or underserved populations and reducing high morbidity due to diarrhoeal diseases. The programme also has a set of interventions addressing serious nutrition problems; provision of water, sanitation and hygiene education; improvement of primary and pre-school education; and income-generating activities for women's development, especially in economically disadvantaged areas.

THE SITUATION OF CHILDREN AND WOMEN

1. During the past decade, Sri Lanka has scored impressive economic achievements. The annual growth rate has been maintained at an average of 5 per cent. The country has almost reached self-sufficiency in rice production as a result of improved incentives and the free market government policies. Hydroelectric development associated with area development schemes has managed to contain the high cost of oil imports. Substantial foreign aid has been a vital component in the overall restructuring of the economy.

2. Several factors, however, make the current economic situation very difficult. They are (a) the continuing depression in tea and other commodity prices; (b) the civil strife that has worsened over the past four years and led to tremendous destruction and a sharp decline in tourism and fisheries while simultaneously diverting substantial resources to defence; and (c) growing unemployment among youth, particularly in rural areas. There is growing evidence that, despite the growth in per capita income, income disparities are widening and the living standards among the poorest groups have deteriorated. The poorest group includes

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the urban poor; landless labour and small farmers; dry-zone farmers on rain-fed land and new settlers; estate workers; fishing labourers and small fishermen; rural artisans; and people in areas devastated by conflict.

3. Of the total population of over 16 million, children below 16 years old account for over one third, of whom 2 million are below five years old and this figure is increasing annually by over 400,000 new-borns. One of the most encouraging developments in the country has been the sustained decline in infant mortality, from over 50 per 1,000 live births in 1970 to 44 in 1980 and then to 34 in 1986 owing to a combination of health programmes and economic factors, especially the PHC system and people's readiness to use these facilities. However the infant mortality rate (IMR) in some urban areas and estates remains high, between 50 and 80 per 1,000 live births. The leading causes of infant and child deaths are diarrhoeal and acute respiratory diseases.

4. In contrast to the low IMR, the high levels of morbidity and nutritional deficiencies affecting both women and children are cause for serious concern. About 60 to 70 per cent of pregnant women suffer from anaemia. Maternal malnutrition and poor weight gain during pregnancy contribute to foetal wastage and a high incidence of low-birth-weight babies who account for nearly 30 per cent of all new-borns. Malnutrition among infants and pre-schoolers is assuming alarming proportions. About half of the children under five years old suffer from chronic undernutrition (stunting) and about 25 per cent from acute undernutrition (wasting). Possible causes include high morbidity resulting from diarrhoea, ARI and malaria and delays in the introduction of supplementary foods during weaning. The failure to revise the food stamp scheme when the purchasing power of these stamps was seriously eroded by inflation and also to allow for new entrants have led to the worsening nutritional condition of members of poorer households. Vitamin A deficiency, particularly among children suffering from malnutrition, is high, and goitre caused by iodine deficiency is a widespread phenomenon deserving national interventions. Repeated attacks of ARI are common in early childhood and there has been a serious resurgence of malaria in the dry zone.

5. Contributing to the high morbidity due to diarrhoeal diseases is the lack of access to safe drinking water and unsatisfactory sanitation facilities in both urban and rural areas, particularly in the dry zone, where surface water resources are meagre and failure of monsoons leads to drought. Progress has been made since the Government initiated a 10-year national programme that set the target for universal access to sources of safe water in urban and estate areas by 1990 and in rural areas by 1995. Yet about 60 per cent of the population still depends on unprotected wells, rivers and streams as sources of water supply. Sanitation programmes have been introduced in many districts, but about 30 per cent of the population still has no latrines. Furthermore, there is a general lack of awareness of the link between unhygienic sanitation practices and diseases. Some traditional behavioural norms that inhibit the popular acceptance of new practices have also adversely affected utilization of the limited facilities.

6. Over the past four decades Sri Lanka has pursued policies for the provision of education at all levels as a major instrument for reducing socio-economic

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inequalities. The primary enrolment ratio is above 90 per cent, with little difference between boys and girls and between urban and rural areas, and the drop-out rate is about 20 per cent. Of those who enrol in grade 1, 90 per cent complete primary school and around 50 per cent complete grade 8. National literacy is nearly 90 per cent, with little difference between the male and female rates. Nevertheless, case studies of selected schools indicated wide disparity in the quality of school facilities, teachers and teaching methodologies. Schools in low-income and sparsely populated areas and on plantations deserve more attention. These are mainly one- or two-teacher schools lacking basic physical facilities and where the teachers are not equipped with skills in multi-grade teaching to handle combined grades.

7. On the whole, there is a lack of awareness of the importance of early childhood stimulation. Only about 15 per cent of young children attend formal pre-schools. Evaluative studies indicate that facilities even in these institutions are substandard as they have poorly trained care providers, and the care provided is largely custodial. Since there is a high literacy level among Sri Lankan women, this is an area that can be effectively remedied to the advantage of children. A strategy needs to be developed to make the community understand that the full potential of a young child cannot be realized without the active participation of its family, particularly the parents. Furthermore, it is necessary to promote low-cost, home-based initiatives since pre-schools are generally beyond the reach of those most in need.

8. The armed conflict has affected 12 districts in the country. As a result, nearly 100,000 families, or about 400,000 persons, have been rendered homeless. The psycho-social effect of the conflict on the children has been severe. Those who have been orphaned or lost a parent number in the thousands, and those of pre-school age are in an even more precarious position. Health services have deteriorated; communicable diseases are widespread as a result of intermittent breakdowns in regular disease control programmes; malaria has increased; polio cases have been reported among children of refugees who have not been immunized; malnutrition is worse than in other areas; and there have been interruptions in schooling and educational activities. The Government is now planning for rehabilitation programmes.

9. Although children who suffer from serious disability are estimated to be 1 per cent of the country's child population, those with lesser degrees of impairment form a much larger proportion. It has been estimated that 12 per cent of all primary school children suffer from learning handicaps such as impaired vision, speech and hearing and physical movement. Approximately 15 per cent of the primary school population are "slow learners".

10. Although legislation exists prohibiting the employment of children under 14 years old, there is ample evidence that a significant number of children below this age are engaged in various forms of employment, in addition to domestic service. Other social problems include street children, child prostitution, abuse and abandonment, which are either hidden or becoming apparent. The growing number of mothers going to the Middle East for work while leaving their children at home constitutes another problem of special concern.

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PROGRAMME CO-OPERATION, 1984-1988

11. During the country programme for 1984-1988 an amount of $4,288,000 from general resources and $11,437,000 in supplementary funding was provided. The programme focused on the PHC approach as a strategy to deliver services, such as immunization, within the existing health services infrastructure and was also combined with area-based, basic services-oriented projects in government resettlement schemes - the estate sector and the slums and shanties of urban Colombo.

Health and nutrition

12. One of the most fruitful interventions has been immunization, which began as an expanded programme in 1978 with UNICEF and World Health Organization (WHO) support. The programme was accelerated in 1985 in an attempt to achieve universal coverage before 1990. Surveys in 1987 indicate that immunization coverage against tuberculosis, polio, tetanus, diphtheria and pertussis was over 85 per cent. Coverage against measles was 65 per cent owing to the fact that vaccination against it was started only at the end of 1985, and 43 per cent of pregnant women were immunized with tetanus toxoid. However, there are still pockets of low coverage, such as slums and conflict areas. Since acceleration of immunization was achieved by stretching to the utmost an already over-loaded service delivery system, there is a need to review the existing delivery system and to improve it.

13. Communication strategies developed as part of the plan to accelerate universal child immunization (UCI) have aroused great interest. A comprehensive, well developed strategy contributed towards the acceleration of coverage from between 50 and 60 per cent to between 80 and 85 per cent in a period of 18 months. The use and application of the strategy in other PHC programmes such as malaria control, the United States Agency for International Development (USAID)-supported communication drive on malaria, are under way at present.

14. In view of the magnitude of the problem of diarrhoeal diseases, the Government initiated a national programme for diarrhoeal diseases control in 1984 with the support of UNICEF and WHO. A semi-automatic plant to manufacture 600,000 local oral rehydration salt (ORS) packets called Jeevanee (meaning "life-giving water") annually was established, with the capacity to double production should the demand increase. An intensified campaign was launched in 1985 to promote widespread use of oral rehydration therapy (ORT), through maternal and child health (MCH) clinic outlets, family health workers, health institutions, pharmacies and non-governmental organizations (NGOs) throughout the island. However, surveys reveal that ORS still needs to be universalized. More than 70 per cent of the mothers surveyed still appear to be unclear about their proper preparation.

15. The project for growth monitoring of children under five years old began in 1984 as an early means of detecting the onset of undernutrition so that appropriate preventive interventions might be initiated. Training was completed in seven districts and, along with training, weighing scales and growth monitoring manuals were supplied. A new approach to maternal health care was also initiated in which

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high-risk mothers were identified by means of a "mother card", with a view to providing special care to those needing such services. A birth-weight surveillance programme utilizing selected "sentinel" locations was also successfully piloted as a means of monitoring the nutritional status of mothers. Other initiatives in the programme include the promotion of child mental health which provides a good foundation for early childhood development activities. Pilot schemes with community-based rehabilitation of disabled children were also successful, resulting in a demand to extend them to other districts.

Water and sanitation

16. Support for the provision of water and sanitation services has been focused on the area projects of the estates, system H and B projects along the Mahaweli river, urban slums and shanties and in the two districts of Anuradhapura and Kalutara. Activities include the construction of 90 rural piped-water supply systems, the extension of urban systems into slum areas through 965 public taps, the construction of 2,165 community wells with hand-pumps, the construction of 51,000 single-family latrines and the provision of 4,890 communal latrines.

17. In addition, UNICEF has co-operated with the Government, WHO and the United Nations Development Programme (UNDP) in the creation of the country's first island-wide water supply maintenance and quality assurance systems. These activities have brought improved water supply and sanitary latrines to an estimated 470,000 people and 560,000 people respectively, of whom two thirds are women and children. An innovative approach in the programme has been the promotion of increased participation of women and the training of pump caretakers from among the community, which greatly facilitated pump maintenance. Special emphasis has been placed on health education - an important component in the control of diarrhoeal diseases (CDD) - with attention being paid to promotion of personal hygiene.

Education

18. UNICEF has collaborated with the Government in the development of primary education by supporting teacher training, curriculum development and textbook production and in the upgrading of small schools located in remote rural areas by providing them with basic teaching and learning aids. For non-formal education, more than 140 literacy centres have been supported for out-of-school children under the age of 14, together with curriculum development and teacher orientation. Programmes for preventing and overcoming learning handicaps among primary school children also have been assisted through the training of teachers and students in disability detection, integrated with community rehabilitation of disabled children.

Integrated area-based programmes

19. Children living in the urban slums, shanties and tenements in the urban areas of Colombo, Jaffna, Batticaloa, Dehiwela/Mt. Lavinia, Kalutara and Moratuwa and also in the estate sector and Mahaweli development project areas have been provided with a package of basic services including PHC, safe water and sanitation, as well as health and educational services. The area projects, particularly the estates

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and Mahaweli, have evolved useful models for adoption by Government and other donors in terms of effectively delivering social and welfare services to families, particularly children. The area projects have also provided an opportunity to involve communities in planning and implementation. The Governments of Canada, the Federal Republic of Germany, the Netherlands, Norway and United Kingdom and NGOs have provided support through supplementary funding.

Children in districts affected by civil strife

20. Support has been provided to districts affected by the armed conflict through the provision of immunization, ORT/ORS and nutritional services. However, during escalations of the conflict, services were interrupted and reporting systems and information flows broke down. Efforts were also made to support the immediate needs of children both in refugee camps and when displaced temporarily in other areas through the Ministry of Rehabilitation and relevant sectoral ministries.

Institutional development

21. UNICEF has supported the creation of a Children's Secretariat for the promotion and adoption of policies reflecting the concept of "children first", co-ordination among all relevant sectors and the development of new programmes such as early childhood development. UNICEF has worked closely with the Women's Bureau and the Ministry of Women's Affairs in developing programmes to promote the welfare of women, including legal provisions being enacted for the extension of maternity leave with full pay from 6 to 12 weeks. Support has also been provided to the Food and Nutrition Policy Planning Division which is involved in co-ordinating nutrition-related multisectoral programmes, nutrition surveillance and policy-level directions, including the code of marketing of breast-milk substitutes. UNICEF has helped to improve statistical data on the condition of women and children, including collaboration with the Department of Census and Statistics in a child survival and development (CSD) monitoring project to determine the factors influencing child health and development.

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RECOMMENDED PROGRAMME CO-OPERATION, 1989-1993

Recommended general resources: $5,300,000
supplementary funds: $9,242,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Immunization	700	0	700
Nutrition	500	3 070	3 570
Diarrhoeal disease control	350	0	350
Health	830	0	830
Early childhood development	400	1 533	1 933
Primary education/literacy	280	2 036	2 316
Area based programmes c/	0	597	597
Urban basic services	0	2 006	2 006
Children in difficult circumstances and conflict situations	600	0	600
Developing strategic alliances for children (NGO)	178	0	178
Institution-building	595	0	595
Income-generating activities	472	0	472
Programme support and communication	395	0	395
	5 300	9 242	14 542

a/ Breakdown for types of input and programme components are given in table 2.

b/ In addition, there are also approved supplementary funded projects as shown in table 3.

c/ Area-based programmes are integrated basic services including water and sanitation, women's development and health in Mahaweli system C and Puttalam and Anuradhapura districts.

22. The programme is guided by the goals and policies of the Government stated in the Constitution of the Republic of Sri Lanka that "the State shall promote with special care the interests of children and youth so as to ensure their full development, physical, mental, moral, religious and social and to protect them from exploitation and discrimination", and those of the UNICEF medium-term plan. Sri Lanka is a member of the South Asian Association for Regional Co-operation (SAARC) and is currently chairing the Technical Committee on Health. Accordingly, the Government subscribes to the declaration made at the SAARC summit meeting at Bangalore, India, in November 1986, including the goals of UCI by 1990, universal

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primary education, maternal and child nutrition, the provision of safe drinking water and adequate shelter by the year 2000.

23. While national policies and plans will be formulated towards this end and community consciousness enhanced, attention is also to be given to the development of integrated intersectoral approaches to programmes for children. There will be a focus on services for mothers and children, community participation will be promoted and the active participation of voluntary organizations will be sought. Food security will be enhanced and, to facilitate these processes, increased use will be made of social communications.

24. The following criteria were used for selecting the priority programmes and projects: (a) those that would be targeted at the groups most in need that tend to be left out of the network of existing service; (b) those focused on expansion towards universalization of interventions; and (c) those that would promote community participation.

National programmes

25. The programmes aim to facilitate the achievement of national coverage of key activities such as immunization, CDD, and nutrition surveillance and interventions, as well as those which will assist in policy development on new initiatives for the benefit of children such as early childhood development and improvement and monitoring of drinking water quality.

Immunization

26. The main objectives include the achievement of UCI (over 80 per cent coverage) before 1990 and ensuring its continuity beyond, to reduce the incidence of the six communicable diseases and, in the case of polio, to bring the incidence down to zero by 1993. In addition, all pregnant women will receive two doses of tetanus toxoid to protect new-borns against neonatal tetanus.

27. Specific efforts will be made to reach certain areas, including slums and conflict areas, by establishing adequate immunization service points staffed with trained health workers. The Government is taking serious steps to improve the recruitment and retention of medical officers, public health nurses and midwives through such incentives as payment advantages, short-term fellowships, accommodation and bicycles or scooters for home visits. UNICEF will provide support for training, supply of cold-chain equipment and vaccines and immunizable disease surveillance. To consolidate the momentum of "demand creation", communication in the form of radio and television programme development, press inserts, pamphlets, posters and newsletters will be continually supported to encourage and ensure support from the political leadership as well as from parents, particularly mothers, to get their infants completely immunized. Disease surveillance will receive increasing attention and support, especially in the context of reaching high immunization coverage. The Swedish International Development Authority will continue to support the project as a major donor of supplementary funds and WHO will provide technical support both in terms of improving technologies and for evaluation and monitoring activities.

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Nutrition

28. Objectives include making contributions towards a 25 per cent reduction in the incidence of undernutrition nationally among infants and children under five years old. As a strategic measure, attention will be given to women of reproductive age at an early stage, i.e. from or around puberty, to ensure satisfactory health and nutritional status by the time they reach marriageable age. Efforts will also be made to reduce morbidity and malnutrition of pregnant women to ensure proper weight gain during pregnancy and a reduction of the incidence of low-birth-weight babies. Since more than 80 per cent of deliveries occur in health institutions, education of mothers will be carried out there on the importance of breast-feeding and proper weaning, along with continued efforts to ensure enforcement of the International Code of Marketing of Breast-milk Substitutes. Growth monitoring of children under five years old, especially the 0- to 3-year age groups, will be promoted. Child health development charts will be provided to mothers of all new-borns (400,000 annually) in order to identify early the onset of undernutrition and to permit appropriate interventions.

29. Food supplementation will be provided to all children who show either a decline in body weight or a failure to thrive. The food could be prepared individually in the home, through organized community effort at the village level or by linking them with supplementary feeding programmes sponsored by the Government or the Cooperative for American Relief Everywhere, Inc. Activities for nutrition-oriented, home-level food production will be developed at district level through the involvement of agricultural field extension staff and village leaders. Production-oriented poverty alleviation activities for the reduction of nutritional problems will include support to the regional rural development banks which provide credit to poor families for production.

30. To reduce anaemia among pregnant and lactating women by 25 per cent, oral iron and folic acid tablets, anthelmintics for hookworm infections, anti-malarial drugs (where applicable) and iron-fortified supplementary foods such as the locally developed "Thriposha" will be distributed. The diagnostic services for detection of anaemia, soil-transmitted helminthiases and malaria will be strengthened.

31. Activities will be carried out to reduce the incidence and prevalence of vitamin A deficiency among pre-school and primary school children, primarily through nutrition education and promotion of the cultivation and consumption of leafy vegetables, fruits and fruit-vegetables rich in beta-carotene. Children showing clinical evidence of the deficiency will also receive vitamin A capsules. When necessary, mega-doses of vitamin A will be made available.

Control of diarrhoeal diseases

32. The objective is to ensure that at least 80 per cent of mothers have access to ORT knowledge and ORS and that at least 50 per cent will practice ORT. The main thrust will be on the promotion of the proper management of diarrhoea, with emphasis on ORT. Breast-feeding and hygiene education, combined with water and sanitation projects, are included respectively in nutrition projects and integrated area projects. UNICEF will continue to support the provision of supplies to ORS

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production plants, printing of manuals for health workers, supplies, training and workshops to strengthen capacities for surveillance, planning and management of diarrhoeal diseases, communication through health volunteers and NGO groups. WHO will continue to participate actively in the programme in terms of planning activities and technical support in the training of health staff, monitoring and evaluation and ORS production.

Acute respiratory infections

33. This is a new initiative directed at reducing the annual rate of ARI-related deaths in infants. The basic approach will be the introduction of standardized case management of ARI in children within the context of the existing PHC structure. It will be integrated with immunization, ORT and growth-monitoring programmes. The main thrust will be on creating awareness about this approach among mothers at the village level using all available communication channels. The case management strategy will include early determination of the severity of infections by all peripheral PHC workers. Preventive technology will be included in UCI interventions. In association with WHO, a basic approach will be developed which will introduce the standardized management of ARI. UNICEF will support training, health education and advocacy, including printing of posters and leaflets.

Malaria control

34. The main objective is to contribute to the elimination of deaths due to malaria, to reduce malaria incidence to a national level not exceeding 2.5 cases per 1,000 population and to achieve community involvement in prevention and control through promotional campaigns. Promotional activities will focus on high-risk districts using both mass media and interpersonal communication. USAID is providing active support in a major communication drive for malaria control in which UNICEF is also collaborating.

Maternal health

35. The programme will provide support to ensure the delivery of a comprehensive package of antenatal care for at least 80 per cent of pregnant women, including iron supplementation throughout pregnancy, nutrition education, screening for risk factors and ensuring that at least 80 per cent of pregnant mothers have sterile delivery with minimal complications. Basic maternal care training needs to be reinforced with refresher training at local level on a phased basis to eventually cover all staff. The "mother's card" system that was developed in the previous programmes will be introduced to at least 80 per cent of mothers. In the case of anaemia and undernourished mothers, efforts will be made to link them to government supplementary feeding programmes and other community-based feeding programmes. UNICEF will provide supplies for MCH clinics, training and printing of mothers' cards and leaflets.

Early childhood development

36. The programme will focus on the physical, intellectual and psycho-social development of children under the age of five. The strategy is built around a home-based care programme involving parents, particularly mothers. Activities will

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be promoted through communication programmes supported by health volunteers and local NGO groups. Advocacy on the psycho-social needs of children and child care at all levels from parents to crèche workers, pre-school teachers, educators and health personnel will be promoted. It will attempt to maximize parental involvement and community support in planning, implementing and monitoring activities at existing child-care centres. UNICEF will provide consultancy support for planning and organization of the activities, training and supplies for upgrading and expanding pre-schools.

Children in especially difficult circumstances

37. The programme will focus on assessment of the problem and development of some criteria for possible action, with emphasis on prevention. Support will be given to advocacy at the national level to create public and official interest and to sensitize policy-makers to the need to introduce protective legislation and to enforce existing regulations, as well as to build institutional capacity. Specific programme activities will be implemented through area projects, such as urban projects focusing on the needs of street children, child workers and destitute and displaced children.

Qualitative improvement in primary education

38. Target groups will include 20 primary schools, which will be selected from a low-income urban area, settlement area, village community and estates for direct intervention in curriculum development, teacher training, upgrading of facilities and monitoring in the first two years. Another 20 schools will be selected for intervention in the third and fourth years. All other primary schools in the project areas will benefit from the supply of teaching and learning materials and in-service teacher training. Initially, the programme will cover 250 selected clusters and will be extended to 1,000 clusters by 1993. Curriculum development will also include supplementary reading materials for health and nutrition education and low-cost teaching aids. Teacher training and the development of learning and teaching materials will also include those needed for coping with learning difficulties and multi-level activities in classrooms.

39. The non-formal education programme, based on literacy centres for out-of-school children, will be expanded by establishing 50 centres a year with a focus on low-income urban areas, coastal fishing communities, estates and in poor, dry-zone villages. For remote villages with isolated communities, 20 learning activity centres will be established each year in project areas. For populous shanty settlements in Colombo, two community schools will be established. UNICEF will support teacher training, parental orientation and the provision of teaching materials.

Community-based rehabilitation of disabled children

40. The programme emphasizes the prevention of disability through PHC and creation of an awareness of the importance of early detection and rehabilitation at the family and community levels. A multisectoral approach covering health education and social services will be promoted at field level, including voluntary

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organizations. Four districts will be selected, in each of which a community-level survey will be undertaken to determine the extent of disability, following which an action programme will be planned and developed using local personnel and groups.

Water and sanitation

41. The programme will assist in the achievement of the targets of the national 10-year plan for universal access to safe water and sanitation facilities. A two-pronged strategy has been adopted for implementation. Support will be given to strengthening national capacity for programme development, monitoring of water quality and coping with technical problems, including development of appropriate technology for the construction of water and sanitation facilities. Project implementation will be within the framework of area projects and linked to CSD activities. Candidates for training as hand-pump caretakers will be selected from community and health volunteers, preferably female secondary-school leavers. Health education will address socio-cultural issues pertaining to the use of water and sanitation facilities. The programme will benefit approximately 50,000 households in low-income urban areas; 50,000 people in 15 demonstration estates and another 25,000 people as a non-resident labour force in villages, 100,000 each in the districts of Puttalam and Anuradhapura and 6,000 settler families in the Mahaweli river resettlement project.

Area-based programmes

42. Area-based programmes aim to reinforce national programmes at the local level. While their main components are largely the same as those in national programmes, each area project has its own priority needs. In addition, the scale of area projects makes it possible to utilize innovative strategies, improve services and maximize community and NGO participation. The concentration of projects in one area facilitates targeting programmes at especially disadvantaged population groups. The projects will be supported mainly with supplementary funding.

Urban basic services

43. Projects will be undertaken in poor areas of Colombo, Jaffna, Batticaloa and 10 other towns to benefit about 634,000 people in 113,000 low-income families. The package of interventions will focus on sanitation, early childhood development, street children and income-generation activities for women. Support will also be extended to children's centres in areas where migrant mothers and working mothers have become a common social phenomenon. NGOs will be motivated to develop a mechanism for monitoring the health and care of these children.

Estates

44. Support will be extended to 15 demonstration estates from the 15 plantation regions. Each estate will serve as a training centre for replicating of the interventions in other parts of the region. Linkages will also be established with the surrounding villages by extending excess capacity of health, welfare and water facilities in the estates. Given the fact that female labour participation rates

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in the estates are the highest of the whole country and IMR is also higher than the national average, emphasis will be placed on improving MCH services and crèches for child care through training and provision of equipment and supplies.

Mahaweli system C

45. The programme will support the Government in its accelerated development programme along the Mahaweli river which will help the settlement of about 24,100 families in the three districts of dry agro-climatic zones. To facilitate the implementation of the integrated approach, the special cadre of community development staff established at the project level will be trained regularly to upgrade their capacity for planning, implementation and monitoring.

Puttalam and Anuradhapura districts

46. Puttalam district is located on the west-central coast of Sri Lanka. Fishing and farming are the main occupations and the majority of the people live below the poverty line. Anuradhapura is the largest district in the north-central region of the country, a large dry zone of the island. Water projects will be the main components in the packages of services for both districts.

Children in areas of armed conflict

47. In the short term, immediate relief will be provided to those children in the 12 affected districts, with a particular focus on health and nutrition, using both the existing government infrastructures and local-level voluntary organizations. Support will be provided to improve health, nutritional and educational services and establish non-formal education systems for children who have missed school for more than four years. Technical support will be given to tackle the serious problem of lack of trained manpower in those areas. The psycho-social rehabilitation of children will be given special attention, with expert support from the child mental health core groups. UCI and ORT, which have been interrupted for years, will be strengthened by re-establishing avenues for all infants for regular immunization programmes.

48. In the long term, all elements of PHC will be promoted, along with provision of safe water, sanitation and promotion of a clean environment and health education. Special care for orphaned or disabled children is also being planned. Efforts will be made to involve village-level communities in the basic development and training of volunteers as the main source of manpower.

Institution-building and programme support

49. One of the important aspects of the country programme is to strengthen those institutions at the national level which are vital for the development and review of policies relating to CSD. Continued support will be provided to the Children's Secretariat to increase its co-ordinating capacity at the national level and to organize training programmes and provide support for early childhood development programmes. The Women's Bureau, established as a focal point in the Government, will be supported continually in its function for monitoring changes in the status

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of women. The Bureau will also be supported in the implementation of income-generation and family health activities in the area projects. The Regional Development Division of the Ministry of Plan Implementation will be supported to upgrade its capacity in implementing social development components in regional integrated rural projects financed by other donors. The Ministry of Home Affairs will be supported in the training of its staff at district, divisional and village levels for involvement in the programme.

Management of the programme

50. The Ministry of Plan Implementation is responsible for the overall administration and co-ordination of the programme. It will obtain the concurrence of different concerned government ministries to the individual plans of action and the availability of government contributions to the financial budgets, manpower and material resources. A Programme Co-ordinating Committee, chaired by the Secretary of Plan Implementation, has been established. It is composed of representatives of the participating ministries, agencies and NGOs, research institutes and UNICEF to strengthen intersectoral collaboration, and meets at least twice a year to review policies and priority changes. Progress review meetings are convened biannually for the programmes, based on the quarterly assessment prepared by individual ministries and Government/UNICEF field trips.

51. Assistance will be given to the Department of Census and Statistics and the Registrar General's Department to improve collection and analysis of data on the situation of children and women and the Institute of Policy Studies at the Marga Institute to initiate studies, including the adjustment of households to economic crises.

Developing strategic alliances for children

52. Efforts will be made within each programme component to develop strategic alliances ensuring a continued national commitment. The first group of alliances includes parliamentarians and political groups who can influence national policy and, therefore, can be powerful advocates for children. It also includes those at the district council and lower levels. The second group of alliances includes NGOs, such as the nation-wide Sarvodaya, and a large number of voluntary organizations at the village level, involving 30,000 health volunteers, religious bodies and professional groups. The third group consists of journalists, other media practitioners and sports groups.

53. Internationally, the alliance will extend to include all bilateral and multilateral donors, SAARC member countries, the various National Committees of UNICEF, Rotary International and other NGOs concerned with accelerating CSD and upgrading the quality of life of children and women of Sri Lanka.

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SRI LANKA

	Basic data: 1986 and earlier years		UNICEF country classification
Under 5 mortality rate:	46	(1986)	Middle U5MR
Infant mortality rate:	34	(1986)	Middle IMR
GNP per capita	$380	(1985)	Low-income GNP
Total population	16 million	(1986)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1980	1985	1986
Births	(thousands)	422	423	417
Infant deaths (under 1)	(thousands)	19	15	14
Child deaths (1-4)	(thousands)	4.6	5.1	5.0
Infant and child deaths (under 5)	(thousands)	23	20	19
Under 5 mortality rate (per 1,000 live births)	Total	55	48	46
	Male/female	.. ..	.. ..	.. ..
Infant mortality rate (under 1) (per 1,000 live births)	Total	44	36	34
	Male/female	.. ..	.. ..	.. ..
Infant and child malnutrition (% weight for age, 1980-1984)	Total/mild-moderate/severe	.. / .. / ..		.. / .. / ..
Babies with low birth weight (% under 2.5 kilos, 1980/1981)		21		28

NUTRITION INDICATORS	1980	1984/1985
Mothers breast-feeding (%, at 3/6/12 months, 1975-1982)	83 / 74 / 48	95 / 81 / 68
Prevalence of wasting (%, 12-23 months, 1978-1984)	23 a/	..
Prevalence of stunting (%, 12-23 months, 1978-1984)	50 a/	..
Daily per capita calorie intake (% of requirements, 1980-1985)	102	114
Food production per capita index (1979-1981 = 100, 1980-1986)	107	91

HEALTH INDICATORS		1981	1985	1986	1987
One-year-olds (%) fully immunized against	Tuberculosis	58	74	76	99*
	Diphtheria/pertussis/tetanus	45	71	77	92*
	Poliomyelitis	46	72	77	91*
	Measles	..	20	47	63*
Pregnant women (%) immunized against	Tetanus	57	53	44	44*
ORS packets per 100 episodes of diarrhoea (1985)			59		
Access to health services (%, 1980-1983)	Total/urban/rural	93*/ .. / ..		.. / .. / ..	
Access to safe water (%, 1980-1983)	Total/urban/rural	19*/ 49*/ 10*		36 / 76 / 26	
Births attended by trained health personnel (%, 1982-1983)			87		
Maternal mortality rate (per 100,000 live births, 1980)		90			

EDUCATION INDICATORS		1980	1985
Primary enrolment ratio (gross/net)	Total	103 / ..	103 / ..
	Male/female	105 / .. 100 / ..	105/ .. 102 / ..
Secondary enrolment ratio (gross/net)	Total	55 / ..	63 / ..
	Male/female	53 / .. 57 / ..	60 / .. 67 / ..
Children completing primary level (% of first grade, 1980)		91	
Adult literacy rate (%, 15+ years, 1970-1985)	Total/male/female	77 / 85 / 69	87 / 91 / 83
Radio/television sets per 1,000 population		98 / 2	157 / 28

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		SRI LANKA	UNICEF country classification
Under 5 mortality rate:	46	(1986)	Middle U5MR
Infant mortality rate:	34	(1986)	Middle IMR
GNP per capita	$380	(1985)	Low-income GNP

DEMOGRAPHIC INDICATORS			1980	1986
Total population	(millions)		15	16
Population aged 0-15 years	(millions)		5.6	6.0
Population aged 0-4 years	(millions)		1.9	2.1
Life expectancy at birth (years)	Total/male/female		67 / 66 / 69	70 / 68 / 71
Contraceptive prevalence rate				57
Total fertility rate			3.6	3.0
Crude birth rate (per 1,000 population)			28	25
Crude death rate (per 1,000 population)			7	6
Urban population (% of total)			22	21
Population annual growth rate		Total	1.8	1.4
(%, 1965-1980/1980-1985)		Urban	2.3	8.4

ECONOMIC INDICATORS		1980	1985
GNP per capita annual growth rate (%, 1965-1980/1980-1985)		2.9	3.2
Inflation rate (%, 1965-1980/1980-1985)		10	15
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income percentage share (top 20%/bottom 40%, 1980-1981)		50 / 16	
Government expenditure on health/education/defence (%, 1972-1985)		6 / 13 / 3	4 / 6 / 3
Official development assistance (millions of US dollars)		390	486
	as % of GNP	10	8
Debt service as % of exports of goods and services (1970-1985)		11	14

LONG-TERM TRENDS IN SELECTED INDICATORS		1970	1980	1990**	2000**
Under 5 mortality rate		83	55	40	28
Infant mortality rate		58	44	30	23
Crude birth rate		30	28	22	18
Crude death rate		8	7	6	6
Population annual growth rate (1965-1980/1980-1990/1990-2000)			1.8	1.4	1.1
Life expectancy at birth (years):	Total	65	67	71	73
	Male/female	64 66	66 69	69 73	71 75

Definitions, signs and sources used are given in an explanatory note in Statistics on children in UNICEF-assisted countries, April 1988.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends. The above data are drawn mainly from statistical analyses prepared on an internationally comparable basis. In some cases these data may differ from national estimates which are used in the text of the country programme recommendations.

a/ Rural only.

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TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1983-1987

(Thousands of United States dollars)

COUNTRY: SRI LANKA
LATEST BOARD APPROVAL: 1983
GENERAL RESOURCES: $3,313,000

	Supplies and equipment (incl. transport)		Training grants		Project support		Other cash (including freight)		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Basic child health	1 303	2 180	81	156	30	64	446	408	1 860	2 808	4 668
Water supply and sanitation	76	2 331	6	75	0	434	34	1 734	116	4 574	4 690
Child nutrition	242	705	14	22	8	10	119	166	383	903	1 286
Social welfare services	21	503	37	217	20	34	19	418	97	1 172	1 269
Formal education	162	144	31	17	13	3	25	68	231	232	463
Non-formal education	171	0	12	0	21	0	87	3	291	3	294
Emergency relief and rehabilitation	43	51	0	0	0	35	5	0	48	86	134
Other	171	148	166	54	477	1 048	448	409	1 262	1 659	2 921
GRAND TOTAL	2 189	6 062	347	541	569	1 628	1 183	3 206	4 288 a/	11 437	15 725

GR = General resources.
SF = Supplementary funding.

a/ Including expenditure against previously approved funds.

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TABLE 2. ESTIMATED BREAKDOWN OF RECOMMENDED PROGRAMMES FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDING BY TYPE OF INPUT

(Thousands of United States dollars)

Country: SRI LANKA Period covered: 1989-1993	Supplies and equipment (incl. transport)		Training grants		Project support		Other cash (including freight)		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Activities with main focus on child survival:											
Nutrition surveillance (incl. growth monitoring)	350	285	25	100	100	427	25	45	500	857	1 357
Control of diarrhoeal disease/oral rehydration	40		60		240		10		350	0	350
Immunization	580						120		700	0	700
Female literacy		500		200		426		60	0	1 186	1 186
Subtotal	970	785	85	300	340	853	155	105	1 550	2 043	3 593
Basic health care (other than above)	160		465		175		30		830	0	830
Applied nutrition and nutrition rehabilitation		1 000		400		713		100	0	2 213	2 213
Primary education (including non-formal)	91	600	78	130	85	30	26	90	280	850	1 130
Early childhood development	50	760	140	150	200	488	10	135	400	1 533	1 933
Urban basic services		1 200		200		406		200	0	2 006	2 006
Area-based integrated basic services (mainly water and sanitation, women's development and health)		300		137		120		40	0	597	597
Income-generating activities	110		160		202				472	0	472
Children in difficult circumstances and conflict situation	280		40		230		50		600	0	600
Institution-building	95		100		377		23		595	0	595
Strengthening of NGOs	45		70		63				178	0	178
Communication and social mobilization			25		100				125	0	125
Programme support					270				270	0	270
GRAND TOTAL	1 801	4 645	1 163	1 317	2 042	2 610	294	670	5 300	9 242	14 542

GR = General resources.
SF = Supplementary funding.

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TABLE 3. PLANNED EXPENDITURE FOR APPROVED AND RECOMMENDED GENERAL RESOURCES AND SUPPLEMENTARY FUNDING PROGRAMMES (FUNDED AND UNFUNDED)

(Thousands of United States dollars)

Country: SRI LANKA Period covered: 1988-1993	1988		1989		1990		1991		1992 + 1993		Totals	
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF
Activities with main focus on child survival:												
Nutrition surveillance (incl. growth monitoring)												
General resources	248		100		100		100		200		748	
Supplementary funding (new)				220		200		150		287		857
Control of diarrhoeal disease/ oral rehydration												
General resources			100		100		50		100		350	
Immunization												
General resources	190		200		200		100		200		890	
Supplementary funding (funded)		800		747		896		415				2 858
Supplementary funding (unfunded)								388		388		776
Female literacy												
Supplementary funding (new)				200		100		300		586		1 186
Basic health care (other than above)												
General resources	309		146		171		171		342		1 139	
Applied nutrition and nutrition education												
Supplementary funding (new)				138		248		362		1 465		2 213
Primary education (including non-formal education)												
General resources	75		50		50		50		130		355	
Supplementary funding (funded)		65										65
Supplementary funding (new)						50		250		550		850
Early childhood development												
General resources			100		100		100		100		400	
Supplementary funding (new)				195		288		350		700		1 533
Urban basic services												
Supplementary funding (funded)		605										605
Supplementary funding (new)				390		408		408		800		2 006
Area-based integrated basic services (mainly water and sanitation, women's development and health)												
Supplementary funding (funded)		1 920		478		350		100				2 848
Supplementary funding (unfunded)				611		500		550		1 292		2 953
Supplementary funding (new)				215		200		182				597
Income-generating activities												
General resources			60		35		114		263		472	
Children in difficult circumstances and conflict situations												
General resources			90		90		140		280		600	

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TABLE 3 (concluded)

Country: SRI LANKA Period covered: 1988-1993	1988		1989		1990		1991		1992 + 1993		Totals	
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF
Institution-building												
General resources	107		115		115		115		250		702	
Strengthening of NGOs												
General resources	92		24		24		40		90		270	
Supplementary funding (funded)		16										16
Communication/social mobilization												
General resources			25		25		25		50		125	
Project support services												
General resources	165		50		50		55		115		435	
GRAND TOTAL												
General resources	1 186 a/		1 060		1 060		1 060		2 120		6 486	
Supplementary funding (funded)		3 406		1 225		1 246		515		0		6 392
Supplementary funding (unfunded)		0		611		500		938		1 680		3 729
Supplementary funding (new)		0		1 358		1 494		2 002		4 388		9 242

GR = General resources.
SF = Supplementary funding.

a/ Including $1,186,000 from available funds.

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TABLE 4. APPROVED BUDGET FOR 1988-1989 AND STAFFING FINANCED FROM BUDGET AND PROGRAMME FUNDS

	1988-1989	
	Number of posts	Amount (thousands of US dollars)
COUNTRY: SRI LANKA		
FINANCED FROM BUDGET:		
International Professional established posts	2	394
Local national Professional and General Service established posts	16	123
Operating costs	—	354
Total	18	871
FINANCED FROM PROGRAMME FUNDS:		
International Professional project posts		
General resources	0	0
Supplementary funds	6	1 070
Local national Professional and General Service project posts		
General resources	9	96
Supplementary funds	15	114
Total	30	1 280

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Annex

LIST OF STUDIES AND EVALUATIONS (1984-1987)

Basic programme documents

1. Situation analysis of children and women in Sri Lanka 1987.
2. Plan of operations of the programme of co-operation between the Government of Sri Lanka and UNICEF, 1989-1993.
3. Project proposals for supplementary funding.

General

1. Survey to gather basic data on infants, children and mothers: 18 villages representing varied agro-economic conditions.
2. The social impact of economic policy during the last decade.
3. Study of the child in Sri Lanka - a status report.

Health and nutrition

1. Perinatal, neonatal mortality in some aspects of health care in Sri Lanka.
2. Immunization survey of the dry zone, Sri Lanka.
3. Research study on child mental health, Kurunegala district.
4. Study on maternal care in relation to CSD.
5. Preparation of social marketing, USAID (communication strategy for ORT).
6. Maternal undernutrition in the Mawanella Ministry of Health area.

Education

1. Literacy programme for out-of-school children in Sri Lanka.
2. Non-formal education programme - preparation of an effective monitoring system.
3. Base-line survey on educational needs of children in three Anuradhapura districts supervised by Assistant Government Agents (AGA).

Children in difficult circumstances

1. Survey of disabled children in the Talawa Assistant Government Agents division in Anuradhapura district.
2. Strategies for helping deprived children in Sri Lanka.

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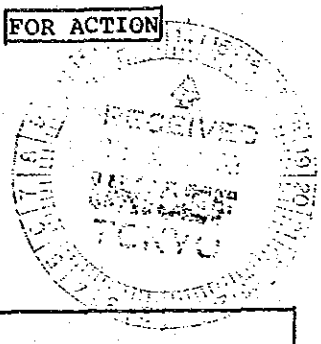
Programme Committee
1988 session

FOR ACTION



COUNTRY PROGRAMME RECOMMENDATION*

Nepal

The Executive Director recommends that the Executive Board approve an amount of $17,500,000 from general resources, subject to the availability of funds, and an amount of $7,735,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Nepal for the period 1988 through 1992.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1987, will be contained in the "Summary of 1988 recommendations for general resources and supplementary funding programmes" (E/ICEF/1988/P/L.1).

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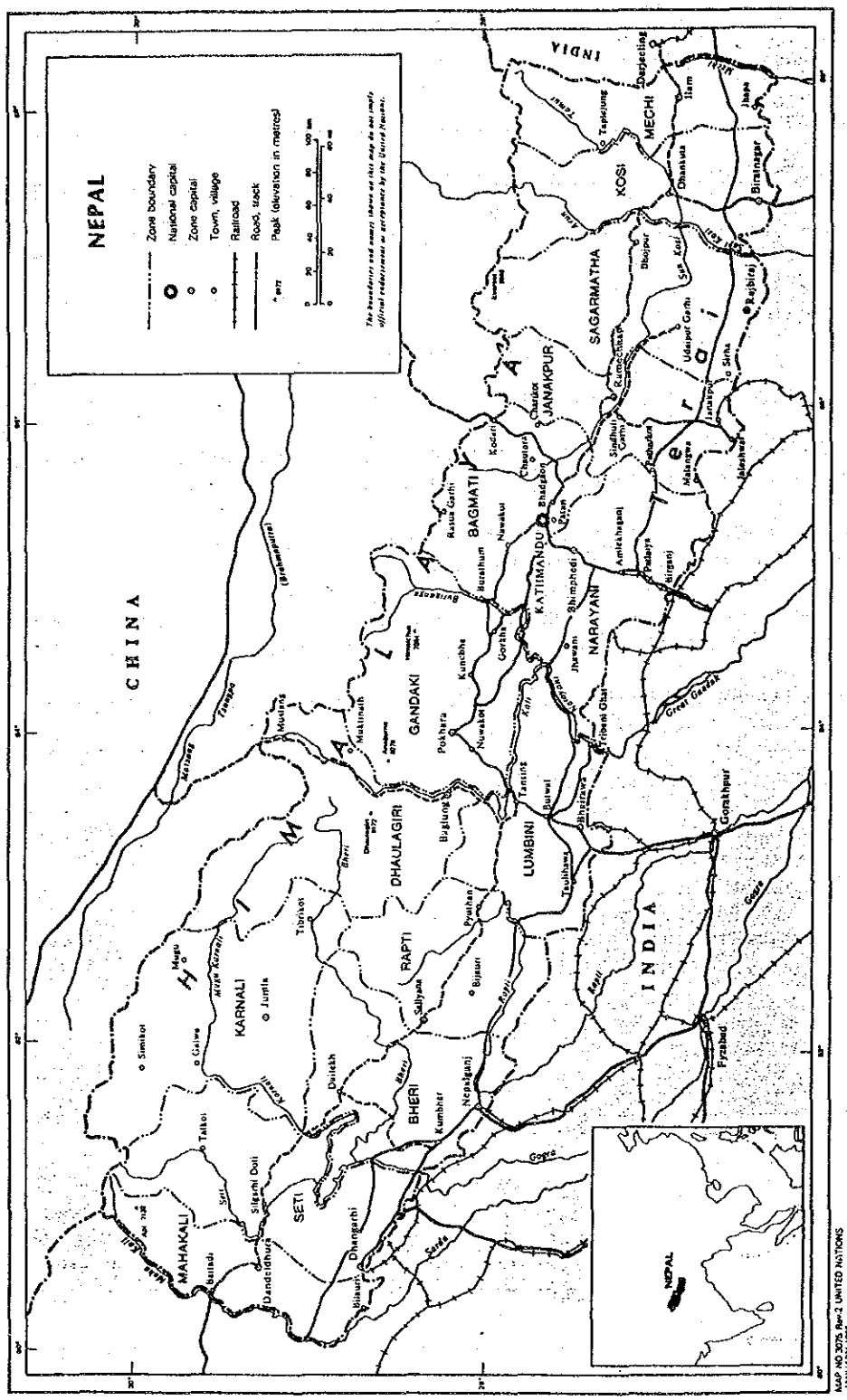
NEPAL
Zone boundary
National capital
Zone capital
Town, village
Railroad
Road, track
Peak (elevation in metres)
CHINA
INDIA
MAHAKALI
SETI
KARNALI
BHERI
RAPTI
DHAULAGIRI
GANDAKI
LUMBINI
BAGMATI
JANAKPUR
SAGARMATHA
KOSI
MECHI
KATHMANDU
NARAYANI
Simikot
Jumla
Dandeldhura
Dhangarhi
Nepalgunj
Tansing
Butwal
Gorakhpur
Birganj
Biratnagar
Rajbiraj
Jhapa
Ilam
Dhankuta
Taplejung
Darjeeling
Pradesh
NEPAL
MAP NO 3075 Rev 2 UNITED NATIONS
JANUARY 1986

THE SITUATION OF CHILDREN AND WOMEN

1. Large segments of the population still consist of poor families, living below the poverty line and engaged in subsistence agriculture. Distribution of income is extremely unequal. These adverse socio-economic and environmental conditions expose children to widespread malnutrition, infections and premature death, leading to a high infant mortality rate of 130 per 1,000 live births and an equally high under-five mortality rate of 202 per 1,000 live births.

2. It is estimated that each year 45,000 children under the age of five die from dehydration due to diarrhoea. Another 40,000 die from vaccine-preventable diseases, especially measles, and a further 40,000 grow up with residual disabilities from these diseases. Acute respiratory infections (ARI) are also recognized as a major cause of morbidity and disability. A study on the extent of ARI will be completed in 1988.

3. Sixty per cent of children under the age of six are undernourished and over 5 per cent are severely malnourished. Among micro-nutrient deficiencies, lack of iodine is endemic. In some areas, goitre prevalence is as high as 90 per cent, with 10 per cent cretinism. Xerophthalmia is widespread in the Tarai region and anaemia is common among women in the reproductive age group.

4. According to a 1985 estimate, 71 per cent of the urban and only 11 per cent of the rural population have access to safe drinking water, while 47 per cent of the urban households and less than 5 per cent of the rural households have sanitary excreta disposal systems. Coupled with a lack of knowledge about personal hygiene and environmental sanitation, this leads to high rates of helminthic infections, reaching as high as 72 to 100 per cent of the population in some areas.

5. Despite considerable efforts to expand the provision of free primary education, many children remain out of school for a variety of reasons. Primary school enrolment is estimated at 50 per cent for boys and 30 per cent for girls. However, 73 per cent drop out before completing primary school, with 70 per cent of the dropouts leaving school during the first grade. Moreover, only 32 per cent of primary schoolteachers are qualified. This is also reflected in the low levels of literacy: 12 per cent among females and 40 per cent among males (1986).

6. The country's limited infrastructure and difficult topography represent a particular constraint to overall programme implementation.

PROGRAMME CO-OPERATION, 1982-1987

7. UNICEF support to Nepal increased from $3.3 million in 1982 to $7.5 million in 1987, mainly due to supplementary funding for the following activities: the UNICEF/World Health Organization (WHO) joint nutrition support programme (JNSP); drinking water supply and sanitation; universal primary education and literacy (UPEL); and production credit for rural women.

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Health

8. Assistance in the area of health covered training of expanded programme of immunization (EPI) staff, supply of essential drugs to health posts combined with a successful training programme for 2,000 drug retailers, production of 3.5 million one-litre sachets of oral rehydration salts (ORS) per year and the promotion of oral rehydration therapy (ORT). UNICEF provided all EPI vaccines used in the country, which are now available in 72 of the 75 district headquarters, compared to only 46 districts in 1982. All districts will be covered by the end of 1988. EPI coverage, as of the current year estimate, is as follows: 61.9 per cent for anti-tuberculosis vaccine (BCG); 21.9 per cent for measles; 29.7 per cent for three doses of combined diphtheria, pertussis and tetanus vaccine (DPT3); 27.6 per cent for three doses of oral polio vaccine (OPV3); and 10.3 per cent for two doses of tetanus toxoid (TT2). According to an EPI evaluation in December 1985, however, demand still exceeded supply, although the infrastructure was in place. Universal coverage by 1992 will require a major effort.

9. A 1986 evaluation of the Government's control of diarrhoeal diseases (CDD) programme showed a 75 per cent awareness and a 26 per cent use of ORT, largely due to an intensive information campaign.

Nutrition

10. UNICEF provided major support to the iodine deficiency disorders control programme. Iodized oil injections have been provided to 2.8 million people in 26 districts. The construction of six plants for iodizing salt within Nepal is being undertaken by the Government with bilateral assistance from the Government of India. One plant is already operational.

11. JNSP activities started in 1984 in five districts in central and western Nepal. The multisectoral programme emphasizes primary health care (PHC). Nutrition sections in the Ministries of Health, Education, Agriculture, and Panchayat (administrative district) and Local Development were established, along with co-ordinating mechanisms. Outputs, particularly training, improved in 1987, although their impact has yet to be assessed. UNICEF provided scales, growth charts, iron folate tablets and vitamin A capsules to health posts in 18 districts as part of an effort to incorporate nutrition as a regular activity.

Education

12. UNICEF continued to provide stipends for girls and women, as well as training support for female primary schoolteachers, through the education-of-girls-and-women project. Between 1982 and 1987, approximately 1,200 women were trained. However, trained female teachers still represent only 3 per cent of all primary schoolteachers. Improvement of schools continued, with 495 schools roofed during the period and 1,770 metric tons of paper supplied in support of government efforts to provide free textbooks to all children in primary grades 1 to 3. School attendance still remains low in rural areas. A high drop-out rate persists, especially in first grade, with a 52 per cent drop-out rate before completion of the fifth grade.

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13. The Seti education-for-rural-development project, operating in three districts and jointly supported by the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF, has developed in-service teacher training and supervision and undertaken school improvement while attempting to reach out-of-school girls and adult education. Training, supervision and curriculum development have been further developed within the primary education project, which operates in six districts supported by an international development assistance loan from the World Bank. The successful results of those projects, which would substantially contribute to achieving universal primary education, have yet to be incorporated into the national education system.

14. A national literacy programme is being developed. During the period in question, more than 50,000 people attended UNICEF-assisted literacy classes, mainly in the area-based integrated programmes.

Child care

15. Early childhood development has received considerable attention, although during the period 1982-1987 the focus was almost exclusively on pre-school child care for children between the ages of three and six. Initially, child-care centres were supported in the integrated basic service areas, with UNICEF providing assistance for construction or rental subsidies, training grants and operational costs. This was considered to be expensive, limited in reach (only 1,800 children by 1987) and not replicable. The concept was changed to involve communities in providing facilities and operational costs and to broaden training to include home-based activities and parental education, also covering children under three years of age. The main contribution of UNICEF has been to assist a new non-governmental organization (NGO), Seto Gurans, in developing appropriate materials and a corps of trainers.

Childhood disability

16. A community-based disability rehabilitation programme was also developed, with UNICEF providing technical assistance and training support for local NGOs in the urban areas of Kathmandu valley. Despite limited coverage, procedures have been developed that would enable direct involvement of NGOs in other areas of the country. In addition, a highly successful radio series provides information on disability rehabilitation.

Community water supply and sanitation

17. During the period 1982-1987, 374 gravity-flow schemes, benefiting 380,000 people, were completed, as well as 2,600 tube-wells for 416,000 people. The International Drinking Water Supply and Sanitation Decade (1981-1990) added impetus to the activities, and sanitation has now been introduced in areas where water systems are being developed. To date, 10,000 latrines, benefiting 60,000 people, have been installed with UNICEF assistance.

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18. UNICEF provides technical assistance for design, feasibility studies and management. Direct community involvement in site selection, construction and maintenance has improved village-level preventive maintenance and operation, with more systems remaining operational for longer periods. There has been a significant increase in the role of engineers and technicians as health promoters, emphasizing prevention and control of diarrhoeal diseases, hygiene and sanitation education, and promotion of the use of ORT.

Integrated basic services

19. During 1982-1987, three approaches emerged for developing integrated basic services: the small farm development programme; basic services for local development; and production credit for rural women.

Small farm development programme

20. Using the infrastructure of small farm credit groups, supported by the Agricultural Development Bank of Nepal (ADB/N) and funding from the International Fund for Agricultural Development (IFAD), UNICEF provides assistance for training and support for 28 women's group organizers, health and literacy training for women's groups, and appropriate technologies such as improved household stoves and bio-gas plants, with the overall objective of improving child nutrition. The impact on the nutritional status of children has yet to be assessed.

21. The major success has been the realization that credit group formation, along with literacy classes, contribute to the more rapid introduction of new ideas and a more innovative response on the part of rural communities to various needs, such as the successful water-user committees for drinking water supply, ORT training, formation of 421 women's credit groups with 6,000 members and a broad variety of activities that can provide an economic basis to sustain community development. As of 1987, 62,000 farm families were participating in the programme.

22. Production of greeting cards emerged as an income-generating component of the small farm development programme (SFDP). UNICEF assisted woodcutters and paper makers in producing and exporting high-quality finished paper products for the Greeting Card Operation at Geneva. Profits from sales are used as operating capital and invested in community activities. At present, UNICEF provides only design and management support.

Basic services for local development

23. The objectives of creating a model for co-ordinated community and government planning were not achieved, as the Government introduced decentralization based on district-level planning rather than community-level micro-planning. It was therefore agreed not to continue with this approach.

Production credit for rural women

24. The Women's Development Section of the Ministry of Panchayat and Local Development established a new cadre of women's development officers. Production credit for rural women combines community development with economic activities

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supported by credit from commercial banks. UNICEF-assisted activities emphasize literacy, skills development and leadership training, income-generating child-care centres and drinking water supply and sanitation. One successful aspect of this approach has been the attitudinal change and the growing self-confidence of women. It provides a model that can be applied on a wider scale throughout the country.

Communication and information

25. The ORT information campaign has probably been the most important and effective communication activity for child survival and development (CSD) in the last five years. The combination of advocacy and multi-media dissemination is also being used for immunization, although this requires an effective service delivery mechanism whereas ORT can be managed at home. UNICEF has provided support in all areas of co-operation.

26. Special events such as Sport Aid and First Earth Run have been used for advocacy and information dissemination on CSD. The launching of the annual The State of the World's Children report is used as an opportunity to focus attention on children and women, with activities ranging from meetings with the Prime Minister to radio and television interviews and articles on major issues.

RECOMMENDED PROGRAMME CO-OPERATION, 1988-1992

Recommended general resources: $17,500,000
supplementary funds: 7,735,000

Recommended programme co-operation a/
(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	5 790	3 098	8 888
Nutrition	2 209	1 090	3 299
Rural water supply and environmental sanitation	1 399	2 050	3 449
Education	3 560	1 177	4 737
Area-based programmes	2 757	320	3 077
Programme support	1 785	0	1 785
Total	17 500	7 735	25 235

a/ Breakdown for types of input and programme components are given in table 2.

b/ In addition, there are also approved supplementary-funded projects as shown in table 3.

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27. The steps involved in the country programming process were the following:

(a) A major programme review was undertaken jointly with the Government in September 1986;

(b) A situation analysis of children and women in Nepal: programme strategy and programme framework paper was prepared, and this programme framework was further elaborated into programme components and projects leading to the draft master plan of operations;

(c) The draft master plan of operations was reviewed and the programme components underwent a further detailed formulation into project plans of action and the preparation of the country programme recommendation paper.

28. The UNICEF regional office and UNICEF headquarters, colleagues from key ministries and representatives of United Nations agencies, NGOs and other institutions participated extensively in this process.

29. The new programme recognizes the need and opportunity for combining rapid interventions for reducing morbidity and mortality, such as immunization and ORT, with long-term interventions, such as training, capacity-building and infrastructural support, that would provide the basis for sustaining improvement in children's well-being. In both approaches, communication and social mobilization play important roles.

30. In 1987, the Government adopted a perspective plan for meeting basic needs of the population by the year 2000. This envisages provision of sufficient food, employment, housing; access to safe drinking water, sanitation, sewerage facilities and electricity, clothing, free primary education for all children between the ages of 6 and 10; and PHC.

31. The plan is supportive of the 1986 Bangalore Declaration of the heads of State and Government of the South Asian Association for Regional Co-operation, which stated that "by the end of the century, no child need die or be denied development for reasons of material poverty in the family" and outlined specific objectives for achieving universal child immunization by 1990 and UPEL and the provision of safe drinking water by the year 2000.

32. Selected programmes will address directly priority child problems and emphasize community participation and social mobilization, focusing on improving child health by enhancing access to and use of health and information services by children and women. The aims of the programmes will also be to improve the quality of life for children by ensuring safe birth and optimum growth and development, reducing malnutrition, promoting breast feeding and appropriate food supplementation, increasing access to education and providing a safe drinking water supply and environmental sanitation. These interventions will further improve the situation of women by reducing maternal morbidity and mortality, increasing access to health and hygiene information and basic health services, education and participation in economic and community development.

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33. Programmes will use communication and social mobilization techniques to bring about community-level awareness, motivation and participation in all development activities. Communication and social mobilization will also be used to enlist the support of international and national agencies, including NGOs, to achieve the goals of CSD. To achieve that end, the programmes will fully utilize the educational and agricultural extension network to achieve as wide a geographical coverage as possible and to strengthen infrastructure through the development of district-level capacity in planning, programme implementation, monitoring and evaluation.

Immunization

34. Several activities will be undertaken to accelerate EPI. These include the training of health workers and vaccinators; utilization of all PHC facilities; communication techniques to increase community awareness, using mass-media support; utilization of government infrastructure; and participation of other agencies, NGOs and community and religious leaders. In addition, special teams are being assigned to densely populated areas and specific task forces have been formed to operate in difficult and inaccessible mountainous areas.

35. Funds from the Japan National Committee for UNICEF enabled UNICEF to respond to the Government's acceleration of EPI in 1986. Supplementary funding is being sought for the period 1988-1992 to continue this support and to increase the 1990 target coverage to 86 per cent for BCG, measles, DPT3 and OPV3 and to 95 per cent for TT2. UNICEF will provide all vaccines as well as support for the cold chain, logistics, training, information and community mobilization activities and operational costs. The strategy focuses on strengthening the operational, supervisory and outreach capacity of health institutions. It also will use intensive immunization periods three times a year in conjunction with national events and will direct social mobilization towards those events. It is estimated that a minimum of 20,000 child deaths a year can be avoided through immunization by 1992.

36. Evaluation will be conducted to assess impact, coverage, utilization, access to and availability of services. A management information system will be developed to monitor the programme. The programme will be evaluated regularly, using the WHO cluster sample method. WHO, bilateral agencies such as the United States Agency for International Development (USAID), and private groups such as Rotary International, Jaycees International, the Nepal Boy Scouts and Girl Guides and the Save the Children Alliance, will support and participate in EPI activities.

Control of diarrhoeal diseases

37. Support for CDD will continue to increase the capacity of Royal Drugs Limited to produce ORS and to achieve universal awareness and understanding of effective home therapy and 65 per cent usage of ORT by 1992. This requires training and orientation of health post staff and mobilization of all sectors, including schoolteachers, agricultural extension workers and staff of the area-based programmes, to explain and demonstrate ORT to mothers. By 1992, approximately 20,000 child deaths can be avoided yearly through ORT.

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38. A new nation-wide focus on creating awareness of hygiene and sanitation will be supported through ongoing programmes to prevent diarrhoea, emphasizing training and information dissemination at the household level and demonstrating improved institutional sanitation facilities at schools and health posts.

39. CDD interventions will be supported by strengthening health institutions through provision of ORS and improved ORT training for all health personnel, including traditional birth attendants, as a major input for maternal and child health care.

Essential drugs

40. Inadequate supply of essential drugs at health posts often results in the bypassing of the PHC network and the purchase of drugs of poor quality. In addition to the dubious quality of some locally produced or imported drugs, there is also an irrational drug consumption pattern in the country through over-the-counter purchases of prescription drugs.

41. During the past programme of co-operation, UNICEF provided half of the health posts with drug supplies and supported the training of 2,700 drug wholesalers and retailers. Supplementary funding is sought to expand the essential drugs programme.

42. The project aims (a) to supply essential drugs to all health posts by 1992, benefiting 90 per cent of the rural population; (b) to train drug retailers in the correct dispensation of drugs; (c) to provide to communities health education on rational drug use; (d) to establish a drug information system for quality control and to develop health education materials; and (e) to support the registration of all drug outlets to ensure dispensation by qualified persons. Monitoring and supervision of the programme will be undertaken by the Government. An evaluation will be conducted in 1990.

Nutrition

43. A national baseline nutrition survey will be undertaken in 1988, and child growth monitoring will be implemented through the area-based programmes to achieve a 10 per cent coverage of children between the ages of 0 and 3. The four nutrition sections of the Ministries of Health, Agriculture, Education and Panchayat and Local Development will provide support through JNSP, while increasing their own intervention capacities. Support will also be given through the Nepal Netra Jyoti Sangha, a local NGO, to undertake a series of vitamin A interventions in the Lumbini zone to determine the most effective approach for a national intervention to overcome vitamin A deficiency.

44. Nutrition education will also be incorporated as a major component of a number of activities and included in the training of schoolteachers and agriculture extension workers. Support will be provided to standardize messages, training curricula and methodology. Particular emphasis will be placed upon nutrition education for teen-age girls and women.

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Iodine deficiency disorders

45. UNICEF will continue to support the reduction of endemic iodine deficiency disorders through the administration of iodized oil. Supplementary funding is being sought for the period 1988-1992 to support the Government's iodine deficiency disorders programme. The objectives are (a) to immunize 90 per cent of the at-risk population in 30 districts from the age of 1 month to 45 years, or 4.4 million people by 1992; (b) to enhance general awareness of the causes and consequences of goitre and cretinism; and (c) to research, apply and evaluate alternative, inexpensive interventions for goitre and cretinism control, such as the universal use of iodized salt and, where appropriate, oral administration of iodized oil. It is anticipated that iodized salt will become available throughout the country by 1995, at which time the oil injection programme will be phased out.

Community water supply and sanitation

46. Diseases transmitted through faecally contaminated food and water, inadequate quantities of water, lack of knowledge about personal and home hygiene and the absence of a clean environment are among the major causes of infant and child mortality and morbidity in Nepal. Water sources also are becoming increasingly scarce due to environmental degradation, thereby forcing women and children to spend much time and energy collecting minimal amounts of water for drinking and domestic needs.

47. Support for improvements in water supply and sanitation will continue, with the installation of gravity-flow schemes in the hills and tube-well systems in the Tarai. Emphasis will be placed on improving habits and practices in relation to water collection, storage and use, and hygiene and sanitation. Technicians will involve village leaders, schoolteachers and women in all stages of project implementation. Priority will be given to districts where area-based programmes are being implemented.

48. Supplementary funding is being sought for community water supply and sanitation in the central and western regions for the period 1990-1992. The projects are extensions of ongoing rural water supply and sanitation projects begun in 1976 in the western region and in 1983 in the central region. The projects support the Government goal of extending drinking water supply facilities to 46 per cent of the rural population by the year 1990, reaching 85 per cent by the year 2000. So far, 354 systems, benefiting 390,000 people, have been constructed with UNICEF assistance, and 2,500 families have installed latrines. The aim is to construct an additional 150 water supply systems; rehabilitate 35 older systems; strengthen maintenance and community involvement through training of users' committee members; provide ready access; promote women's involvement; promote hygiene education; and train government project staff in project administration and preventive and corrective maintenance.

49. The community will assist with the survey, advise on the location of all structures and pipeline routes, contribute unskilled human resources, provide local construction material and its transportation to construction sites and support the cost of maintenance, including the salary of a village maintenance worker.

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Education

50. UNICEF assistance for education will continue through the development of the Seti Education for Rural Development Project and the primary education project. Support will be given for integrating successful components into the national educational system and developing a national approach to primary education, incorporating a focus on girls' education to increase their enrolment in primary schools to 75 per cent by 1992. Assistance also will be provided for teacher training, curriculum improvement and the development of a health curriculum for schools. Technical assistance will go towards curriculum development and printing paper to continue the free distribution of textbooks and to assist selected girls in completing their secondary schooling and becoming teachers. These education activities will also provide assistance designed to increase female literacy to 30 per cent by 1992.

51. A project proposal for supplementary funding is being sought for education activities, including female literacy, as part of the area-based projects for the period 1990-1992. The project is a continuation of the UPEL programme which is designed to encourage increased school enrolment and attendance, particularly for girls, and provide school and reading materials and teacher training to ensure that literacy is acquired, retained and used.

52. The main activities include: (a) the development of functional literacy, through non-formal education for adults, especially women, to be supported by other UNICEF-assisted area-based programmes; (b) non-formal education for disadvantaged school-age children, using UNESCO/UNDP/UNICEF-supported Seti project materials and methods for basic education; (c) the production and distribution of reading material for the newly literate to village reading centres; and (d) provision of paper for the printing of primary school textbooks for grades 1 through 3. The government printing works will print all the textbooks.

53. UNICEF will continue to support urban disability rehabilitation in urban areas, through selected national NGOs, for the promotion of community-based rehabilitation on a wider scale and the training of trainers and to encourage the development of replicable procedures. It is anticipated that this activity will be expanded, again through NGOs, to other areas in the country, combined with information and training on the prevention and rehabilitation of childhood disabilities.

Small farm development programme/production credit for rural women

54. The institutional framework of the small farm development programme/production credit for rural women provides an approach for family and community development. In order to provide sustainable improvement in the overall quality of life of subsistence families and a rapid and sustainable reduction in infant and child mortality and morbidity, training and operational support for the more than 50,000 members of women's credit groups will be provided throughout the country by the women's development officers, focusing on literacy classes, skills development for income-generating activities, early child-care programmes and community development.

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55. Promotion of child growth monitoring by the mothers themselves will be introduced as a first step towards systematic nutrition improvement. The system also will measure the impact of the programme on children. Districts where credit groups have been started will receive priority for drinking water supply schemes. Women's groups will also be involved extensively in mobilization for immunization, ORT, personal hygiene and household sanitation. The successful training process developed by the programme in production credit for rural women will be used to improve the training quality for an increasing number of farmers' groups supported by ADB/N. UNICEF will support orientation and training for all field staff involved. It is estimated that, by 1992, 500,000 rural families will be involved in poverty alleviation activities, such as credit provision for women, and in associated child survival activities.

Urban basic services

56. UNICEF will support research and development in six urban areas of Nepal, in anticipation of the expected rapid increase in the urban population over the next 10 years. That increase currently stands at an annual rate of 8 per cent. A detailed needs assessment will be undertaken on the basis of which strategies will be developed to co-ordinate and/or combine sectoral services in the project areas in order to develop community-based urban services.

57. The project will co-operate closely with various ministries to ensure a convergence of assistance in the selected areas, including adult literacy; immunization; nutrition; reduction of diarrhoeal diseases; disability prevention and community-based rehabilitation; environmental sanitation; and shelter. The project will provide direct assistance to selected town panchayats to support locally identified community programmes.

Communications

58. The considerable experience gained in the ORT campaign will also be applied to mobilization for immunization, female education and the provision of information on hygiene and sanitation. Many institutions, implementing agencies and NGOs will be involved.

59. UNICEF will support the formation of an interdisciplinary task force to co-ordinate and stimulate communication activities for CSD. Orientation and training will be provided for public leaders in the panchayat system and government. Journalists, artists and other media professionals will be provided with information on problems concerning children and women as well as possible solutions. Support will be provided to produce public education materials for radio and television video productions, which are becoming both popular and more accessible.

Monitoring and evaluation

60. The current programming process has focused on filling information gaps and providing a framework for monitoring. Information obtained from evaluations undertaken during 1982-1987 has been used in making mid-course programme

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corrections. These included joint Government/WHO/UNICEF/USAID reviews of EPI and CDD activities; a survey of iodine deficiency diseases; a mid-term review and evaluation of production credit for rural women that involved the participation of the Government of the Netherlands, the major donor; evaluations of education for girls and women in Nepal, the Terai tube-well and sanitation project, the semi-urban sanitation project, and the women's development component of the small-farm family programme. Training and appropriate technologies were specifically evaluated. These evaluations and frequent field visits provided a basis for programme modifications. The information has also been utilized in the development of the new programme. (See annex for a list of evaluations undertaken with UNICEF support during the period 1984-1987.)

Capacity-building

61. UNICEF will support research and studies towards an accurate updating of the situation analysis of children and women. Support will be provided to enhance planning, monitoring and evaluation. A monitoring framework will form the basis for regular programme management and annual progress reviews. A mid-term evaluation of the programme will be undertaken in 1990 as the first stage in the preparation of the next programme of co-operation.

62. The constraint provided by the weak institutional and human resource base, especially at the district level, is being addressed through intensive orientation, training and capacity-building for staff and support for developing the physical infrastructure, such as the cold-chain and logistic systems for EPI, using in that process the health post network. The emphasis in the programme on communications and mobilization is intended to enable families and communities to identify and respond to needs themselves. The panchayat system and strong non-governmental institutions will also be involved actively in the programme. Other agencies, such as UNDP and USAID, are also involved in improving the institutional capacity.

63. UNICEF will provide assistance, including training, for developing the capacity of district officials effectively to plan, implement and monitor interventions for children. UNICEF will continue to support innovations and operational research by professional bodies and international and national NGOs working in Nepal as well as to advocate the incorporation of successes into national programmes.

Feasibility

64. The recommended programme has four aspects of feasibility to consider - financial, institutional, human resources and technical - in order to ensure the rapid achievement of objectives at low cost, the replicability of interventions and the sustainability of programmes beyond the recommended period of co-operation. The annual cost to UNICEF of the total recommended programme will be $3.38 per child under the age of one, and $1.16 per child under five years of age.

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Co-operation with United Nations and other agencies

65. The UNICEF representative and UNICEF staff meet regularly with representatives of other United Nations agencies, donor agencies and NGOs.

66. UNICEF will continue to co-operate with WHO in JNSP, EPI and ARI; the prevention and control of diarrhoea; essential drugs; and the training of health staff.

67. UNICEF will continue to work closely with UNESCO and UNDP in the Seti education for rural development project. New links with UNDP will be developed in supporting government capacity-building activities. Co-operation with the United Nations Fund for Population Activities (UNFPA) in health staff development and maternal care will continue, and new links with the World Food Programme (WFP) will be established to explore joint assistance for early child-care activities.

68. UNICEF and the World Bank will continue collaboration in the primary education project, and a new association with IFAD will assist in planning, implementation and monitoring of production credit for rural women.

69. Close co-operation will continue with USAID, particularly in health and nutrition, and also with the Save the Children Alliance and other NGOs working in Nepal. Complementarity among agencies has proved very useful.

70. UNICEF assistance represents 1.4 per cent of the total estimated budget of the Government for the fiscal year 1987/88. Given current governmental financial constraints, this is an affordable level of investment to achieve the desired objectives. A cost analysis of the recommended EPI programme shows that successful implementation would, in addition to averting child deaths, represent an annual saving of $16 million in treatment costs at a total annual project cost to the Government, UNICEF and other donors of $6.7 million. Thus, substantial reductions in mortality and morbidity would help generate savings at the family level and of government expenditure.

71. The affordable level of the proposed intervention and the technical and institutional feasibility, with a concentration on capacity-building, allow for replication and sustained interventions in terms of demand creation and service delivery. The average annual cost to the Government to sustain EPI, including all the costs of the additional human resources, will be $6.7 million, or only 17.9 per cent of the total 1987-1988 health budget.

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NEPAL

Basic data:	1986 and earlier years	UNICEF country classification
Under 5 mortality rate: 202	(1986)	Very high U5MR
Infant mortality rate: 130	(1986)	Very high IMR
GNP per capita $160	(1985)	Low-income GNP
Total population 17 million	(1986)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1980	1985	1986
Births	(thousands)	633	669	677
Infant deaths (under 1)	(thousands)	91	90	88
Child deaths (1-4)	(thousands)	51	48	49
Infant and child deaths (under 5)	(thousands)	142	138	137
Under 5 mortality rate (per 1,000 live births)	Total	223	206	202
	Male/female	.. ..	.. ..	.. ..
Infant mortality rate (under 1) (per 1,000 live births)	Total	143	134	130
	Male/female	.. ..	.. ..	.. ..
Infant and child malnutrition (% weight for age, 1976/84)	Total/mild-moderate/severe	57 / 50 / 7		.. / .. / ..
Babies with low birth weight (% under 2.5 kilos, 1979/83)		..		..

NUTRITION INDICATORS	1980	1984/5
Mothers breast-feeding (%, at 3/6/12 months, 1976/85)	92 / 92 / 82	.. / .. / ..
Prevalence of wasting (%, 12-23 months, 1975/84)	27	..
Prevalence of stunting (%, 12-23 months, 1975/84)	73	..
Daily per capita calorie intake (% of requirements, 1980/85)	86	88
Food production per capita index (1979-81 = 100, 1980/86)	102	97

HEALTH INDICATORS		1981	1985	1986	1987
One-year-olds (%) fully immunized against	Tuberculosis	32	67	67	62*
	DPT	16	32	38	30*
	Poliomyelitis	1	20	34	27*
	Measles	2	46	66	22*
Pregnant women (%) immunized against	Tetanus	4	10	13	10*
ORS packets per 100 episodes of diarrhoea (1985)			14		
Access to health services (%, 1980/83)	Total/urban/rural	.. / .. / ..		.. / .. / ..	
Access to safe water (%, 1980/83)	Total/urban/rural	18 / 82 / 7		15 / 71 / 11	
Births attended by trained health personnel (%, 1983)			10		
Maternal mortality rate (per 100,000 live births, 1979)		850			

EDUCATION INDICATORS		1980	1985/6
Primary enrolment ratio (gross/net)	Total	82 / ..	63*/ 41*
	Male/female	115 / .. 48 / ..	80*/ 51* 44*/ 29*
Secondary enrolment ratio (gross/net)	Total	21 / ..	36*/ 13*
	Male/female	33 / .. 9 / ..	51*/ 18* 19*/ 8*
Children completing primary level (% of first grade, 1980)		27*	
Adult literacy rate (%, 15+ years, 1970/85)	Total/male/female	13 / 23 / 3	26 / 39 / 12
Radio/television sets per 1,000 population		20 / ..	30 / 1

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NEPAL (continued)

	Basic data: 1986 and earlier years		UNICEF country classification
Under 5 mortality rate:	202	(1986)	Very high U5MR
Infant mortality rate:	130	(1986)	Very high IMR
GNP per capita	$160	(1985)	Low-income GNP

DEMOGRAPHIC INDICATORS			1980	1986
Total population	(millions)		15	17
Population aged 0-15 years	(millions)		6.7	7.6
Population aged 0-4 years	(millions)		2.5	2.7
Life expectancy at birth (years)	Total/male/female		45 / 46 / 44	48 / 48 / 47
Contraceptive prevalence rate				15
Total fertility rate			6.4	6.0
Crude birth rate (per 1,000 population)			43	40
Crude death rate (per 1,000 population)			20	17
Urban population (% of total)			6.1	8.0
Population annual growth rate		Total	2.4	2.4
(%, 1965-80/1980-85)		Urban	5.1	5.6

ECONOMIC INDICATORS	1980	1985
GNP per capita annual growth rate (%, 1965-80/1980-85)	0.1	0.8
Inflation rate (%, 1965-80/1980-85)	7.8	8.4
Population in absolute poverty (%, 1979/85) Urban/rural	55 / 61	.. / ..
Household income percentage share (top 20%/bottom 40%, 1976-77)	59 / 13	
Government expenditure on health/education/defence (%, 1972/85)	5 / 7 / 7	5 / 12 / 6
Official development assistance (millions of US dollars)	163	236
As % of GNP	8	9
Debt service as % of exports of goods and services (1970/85)	..	4

LONG-TERM TRENDS IN SELECTED INDICATORS		1970	1980	1990**	2000**
Under 5 mortality rate		250	223	187	152
Infant mortality rate		158	143	122	104
Crude birth rate		46	43	39	34
Crude death rate		23	20	16	13
Population annual growth rate (1965-80/1980-90/1990-2000)			2.4	2.3	2.1
Life expectancy at birth (years):	Total	41	45	49	53
	Male/female	42 41	46 44	50 48	54 52

Definitions, signs and sources used are given in an explanatory note in Statistics on children in UNICEF-assisted countries, April 1988.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends. The above data are drawn mainly from statistical analyses prepared on an internationally comparable basis. In some cases these data may differ from national estimates which are used in the text of the country programme recommendations.

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TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD

(Thousands of United States dollars)

PERIOD COVERED 1982-1987

COUNTRY: NEPAL
LATEST BOARD APPROVAL: 1982
GENERAL RESOURCES: $12,710,000

	Supplies and equipment (incl. transport)		Training grants		Project support		Other cash (including freight)		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Basic child health	2 670	564	101	77	241	132	1 173	225	4 185	998	5 183
Water supply and sanitation	596	5 294	56	160	1 252	1 196	353	1 023	2 257	7 673	9 930
Child nutrition	707	191	149	59	220	289	441	355	1 517	894	2 411
Social welfare services	113	77	227	18	296	0	601	10	1 237	105	1 342
Formal education	361	1 393	768	87	395	112	915	405	2 439	1 997	4 436
Non-formal education	40	65	100	228	78	125	189	353	407	771	1 178
Emergency relief and rehabilitation	46	0	0	0	0	22	26	0	72	22	94
Project support	202	261	4	1	2 333	47	1 237	624	3 776	933	4 709
GRAND TOTAL	4 735	7 845	1 405	630	4 815	1 923	4 935	2 995	15 890 a/	13 393	29 283

GR = general resources.
SF = supplementary funding.

a/ Including expenditure against previously approved funds.

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TABLE 2. ESTIMATED BREAKDOWN OF RECOMMENDED PROGRAMMES FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING BY TYPE OF INPUT

(Thousands of United States dollars)

Country: NEPAL Period covered: 1988-1992	Supplies and equipment (incl. transport)		Training grants		Project support		Other cash (including freight)		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Activities with main focus on child survival:											
Nutrition surveillance (incl. growth monitoring)	93		98				224		415	0	415
Control of diarrhoeal disease/oral rehydration	472		409		400		869		2 150	0	2 150
Breast-feeding/weaning and child feeding	52		64				167		283	0	283
Immunization	1 030	1 681	60	131	700		90	641	1 880	2 453	4 333
Female literacy a/	20	39	60	98		28	120	155	200	320	520
Subtotal	1 667	1 720	691	229	1 100	28	1 470	796	4 928	2 773	7 701
Basic health care (other than above)	781	645	366		300		313		1 760	645	2 405
Water supply and sanitation	330	1 579	442	59	473	198	154	214	1 399	2 050	3 449
Applied nutrition and nutrition rehabilitation	374	393	366	131	30		741	566	1 511	1 090	2 601
Education	1 000	729	1 247	152	200	108	1 113	188	3 560	1 177	4 737
Community and family-based services a/	462		535		300		1 260		2 557	0	2 557
Communication and programme support	222		128		625		810		1 785	0	1 785
GRAND TOTAL	4 836	5 066	3 775	571	3 028	334	5 861	1 764	17 500	7 735	25 235

GR = general resources.
SF = supplementary funding.
a/ Part of convergent services.

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TABLE 3. PLANNED EXPENDITURE FOR APPROVED AND RECOMMENDED GENERAL RESOURCES AND SUPPLEMENTARY FUNDING PROGRAMMES (FUNDED AND UNFUNDED)

(Thousands of United States dollars)

Country: NEPAL Period covered: 1988-1992	1988		1989		1990		1991		1992		Totals	
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF
Activities with main focus on child survival:												
Nutrition surveillance (including growth monitoring)												
General resources	11		26		53		156		169		415	
Supplementary funding (funded)		85		106		89						280
Supplementary funding (unfunded)				19		10		12		7		48
Control of diarrhoeal disease/oral rehydration												
General resources	272		477		527		422		452		2 150	
Supplementary funding (unfunded)				109		100		100		100		409
Breast-feeding/weaning and child feeding												
General resources			36		30		107		110		283	
Supplementary funding (funded)		125		130		160						415
Immunization												
General resources	600		400		520		210		150		1 880	
Supplementary funding (unfunded)		1 200		1 900		2 214		550				5 864
Supplementary funding (new)								1 034		1 419		2 453
Female literacy a/												
General resources	40		40		40		40		40		200	
Supplementary funding (funded)		60		60		60		60				240
Supplementary funding (unfunded)		116		88		170		31		42		447
Supplementary funding (new)								130		190		320
Basic health care (other than above)												
General resources	299		381		363		366		351		1 760	
Supplementary funding (new)				215		210		120		100		645
Water supply and sanitation												
General resources	221		255		301		301		321		1 399	
Supplementary funding (funded)		2 269		1 629		1 492		863				6 253
Supplementary funding (unfunded)		352		712		834		960		631		3 489
Supplementary funding (new)						350		850		850		2 050
Applied nutrition and nutrition education												
General resources	400		167		174		390		380		1 511	
Supplementary funding (funded)		559		492		538						1 589
Supplementary funding (new)				280		260		270		280		1 090

/...

TABLE 3 (continued)

(Thousands of United States dollars)

Country: NEPAL Period covered: 1988-1992	1988		1989		1990		1991		1992		Totals	
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF
Education												
General resources	735		862		639		650		674		3 560	
Supplementary funding (funded)		378		160		60		20				618
Supplementary funding (unfunded)		119		418		251						788
Supplementary funding (new)						261		523		393		1 177
Community and family-based services a/												
General resources	474		533		510		520		520		2 557	
Supplementary funding (funded)		37		58		73						168
Production credit for rural women a/												
Supplementary funding (funded)		434		528		106						1 068
Supplementary funding (unfunded)		0		0		426		586		547		1 559
Communication and project support												
General resources	448		323		343		338		333		1 785	
Supplementary funding (funded)		208		109		109		110				536
GRAND TOTAL												
General resources	3 500		3 500		3 500		3 500		3 500		17 500	
Supplementary funding (funded)		4 155		3 272		2 687		1 053		0		11 167
Supplementary funding (unfunded)		1 787		3 246		4 005		2 239		1 327		12 604
Supplementary funding (new)		0		495		1 081		2 927		3 232		7 735

GR = general resources.
SF = supplementary funding.

a/ Part of convergent services.

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TABLE 4. APPROVED BUDGET FOR 1988-1989 AND STAFFING FINANCED FROM BUDGET AND PROGRAMME FUNDS

	1988-1989	
	Number of posts	Amount (thousands of US dollars)
COUNTRY: NEPAL		
FINANCED FROM BUDGET:		
International Professional established posts	3	475
Local national Professional and General Service established posts	17	72
Operating costs	—	495
Total	20	1 042
FINANCED FROM PROGRAMME FUNDS:		
International Professional project posts		
General resources	12	1 561
Supplementary funds	3	572
Local national Professional and General Service project posts		
General resources	31	196
Supplementary funds	13	73
Total	59	2 402

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Annex

LIST OF STUDIES AND EVALUATIONS

1. EPI review, His Majesty's Government/WHO/USAID/UNICEF, December 1985.

2. Joint review on diarrhoeal diseases, His Majesty's Government/WHO/USAID/UNICEF, April 1986.

3. Iodine deficiency disorders survey, His Majesty's Government/UNICEF, June 1986.

4. Acute respiratory infection, Mrigendra Medical Trust, 1988.

5. ORT information campaign evaluation, John Snow International, November 1987.

6. Evaluation of women development programme of SFDP, Centre for Women and Development, Kathmandu, October 1988.

7. Evaluation study of multi-purpose power unit of SFDP, AIM Consultancy (Pvt.) Ltd., Kathmandu, August 1988.

8. Terai tube-well and sanitation project evaluation, New Era, Kathmandu, October 1988.

9. Semi-urban sanitation project evaluation, Chris Wolz and Mark Dorfman, September 1986.

10. Management plan of Lokta Resources, Baglung, Parbat, Maygdi districts, ADB(N)/Small Farm Development Programme/DF/Batik-tapur Craft Printers, November 1986.

11. Water and sanitation survey of BCP workers, BCP, Baktapur, October 1986.

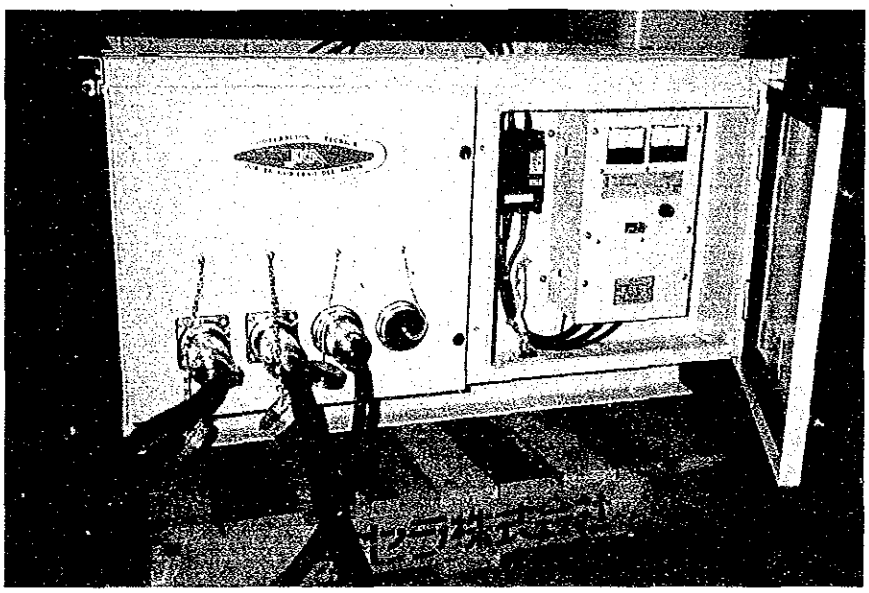
12. EPI programme document, His Majesty's Government/UNICEF, October 1987.

13. BCP institutionalization possibilities, K. Shrestha, May 1987.

Ⅲ－３　(Solar Refrigerator System in Guaternala)

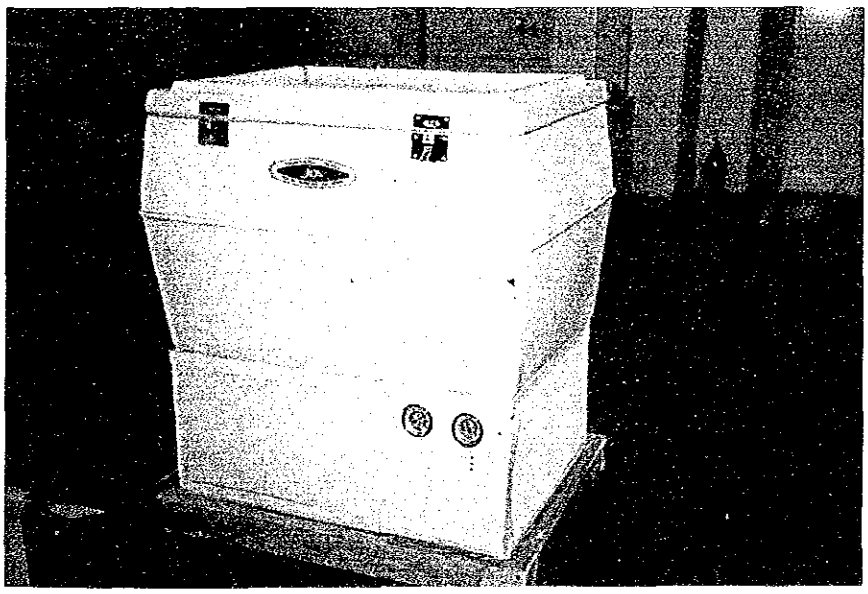
① 太陽電池設置

太陽電池は４モジュールこの架台に取り付けられており、現地では２ケ所穴をあけ、地中に埋めて設置する。１システム当りこの架台が２セットで太陽電池は384 Wpである。



② バッテリーボックス（コントローラー含む）

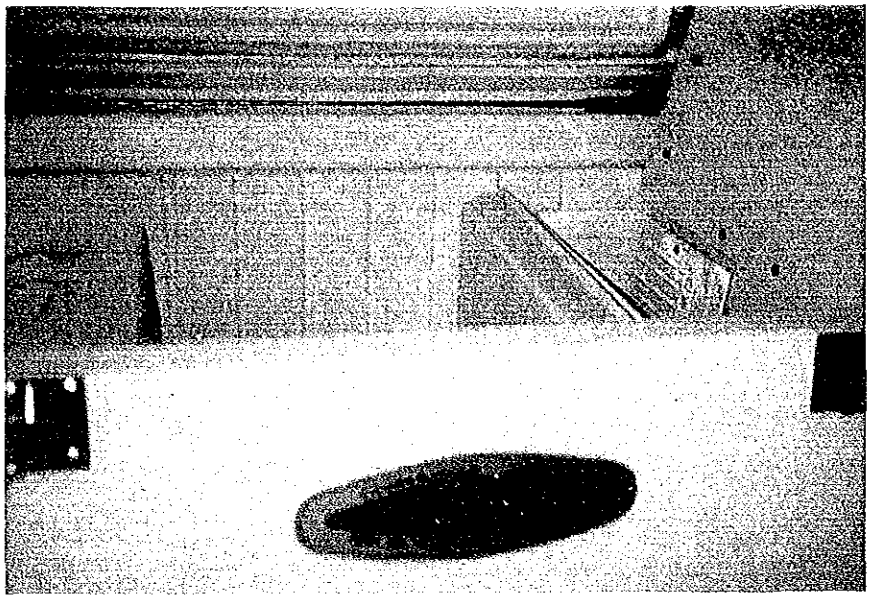
バッテリーボックスの正面から見た絵である。右側の扉の中に取り付けられているのがコントローラである。メンテナンスやメーターによるチェックの時はこの扉を開いて行う。左半分側にある４つのコネクターは左から太陽電池１、太陽電池２、冷蔵庫、予備の順である。バッテリーの設置は上部のフタを取り外して行う。



③ 冷蔵庫外観 WIIO の認定コード PISE3／38

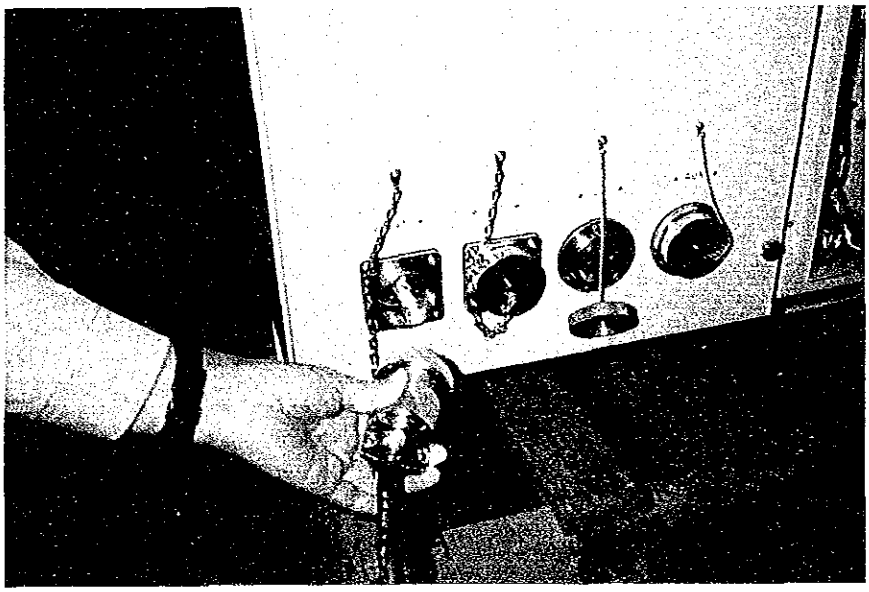
仕様；

	冷蔵庫	冷凍庫
容量	80 ℓ	20 ℓ
内部温度	Min.4 ℃	Min.－20℃
ホールドタイム	4.0 hours	4.0 hours



④　冷蔵庫内部

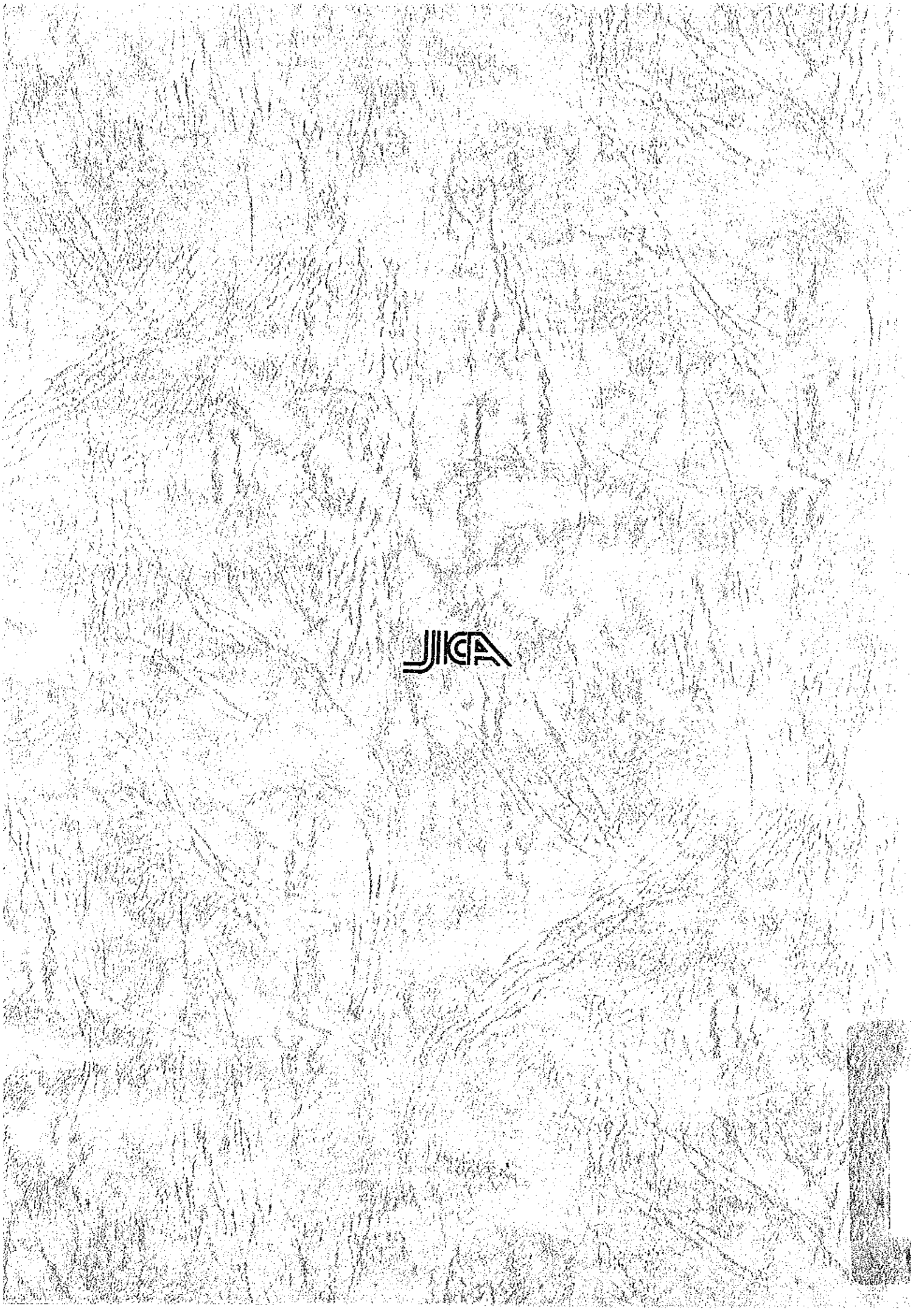
非常にシンプルで頑丈である。外側はハンマーでも壊れない。右側のパーテーションで囲まれた部分が冷凍庫部分で残りが冷蔵庫である。



⑤　結線方法

太陽電池（1，2)、冷蔵庫共コネクタで簡単に接続する。

⑥　太陽電池、冷蔵庫の接続


JICA